

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074343

FILED  
Mar 25, 2008  
Secretary of State

Entity Name: MOMS ON EDGE LLC

**Current Principal Place of Business:**

1088 MALLARD MARSH DRIVE  
OSPREY, FL 34229 US

**New Principal Place of Business:**

**Current Mailing Address:**

1088 MALLARD MARSH DRIVE  
OSPREY, FL 34229 US

**New Mailing Address:**

FEI Number: 43-2088819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEITLICH, ANDREW T  
1088 MALLARD MARSH DRIVE  
OSPREY, FL 34229 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NEITLICH, ANDREW  
Address: 1088 MALLARD MARSH DRIVE  
City-St-Zip: OSPREY, FL 34229 US

Title: MGRM ( ) Delete  
Name: NEITLICH, ELENA  
Address: 1088 MALLARD MARSH DRIVE  
City-St-Zip: OSPREY, FL 34229 US

Title: MGRM (X) Delete  
Name: WHIDDON, CARI  
Address: 4507 CAPTIVA LANE  
City-St-Zip: BRADENTON, FL 34203 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANDREW NEITLICH

MGRM

03/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date