

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075693

Entity Name: THE FRANCHISE EDGE, LLC

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

8019 N. HIMES AVENUE
SUITE 503
TAMPA, FL 33614

New Principal Place of Business:

8593 W. LINEBAUGH AVE.
TAMPA, FL 33625

Current Mailing Address:

8019 N. HIMES AVENUE
SUITE 503
TAMPA, FL 33614

New Mailing Address:

8593 W. LINEBAUGH AVE.
TAMPA, FL 33625

FEI Number: 20-3238318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMSON, PAUL
618 SO. LOIS AVE.
TAMPA, FL 33609 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: SAMSON, PAUL L
Address: 8019 N. HIMES AVENUE
City-St-Zip: TAMPA, FL 33614

Title: MGR () Delete
Name: SAMSON, ANNETTE D
Address: 618 SO LOIS AVE.
City-St-Zip: TAMPA, FL 33609

Title: MGR () Delete
Name: ANDERSON, SCOTT G
Address: 4216 WINDERLAKE DR.
City-St-Zip: ORLANDO, FL 32835

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: PAUL L. SAMSON

MGRM

01/08/2008

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