

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003748

FILED  
Mar 14, 2008  
Secretary of State

Entity Name: EDGELL L.L.C.

**Current Principal Place of Business:**

2649 ORCHARD DRIVE  
APOPKA, FL 32712 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2186  
APOPKA, FL 32704 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

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

EDGELL, CHARLES E  
2649 ORCHARD DRIVE  
APOPKA, FL 32712 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: MGR ( ) Delete  
Name: EDGELL, CHARLES E  
Address: 2649 ORCHARD DRIVE  
City-St-Zip: APOPKA, FL 32712 US

Title: MGR ( ) Delete  
Name: EDGELL, PATRICIA F  
Address: 2649 ORCHARD DRIVE  
City-St-Zip: APOPKA, FL 32712 US

**ADDITIONS/CHANGES:**

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: CHARLES E. EDGELL                      PRES                      03/14/2008

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