

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036468

FILED
Jan 09, 2008
Secretary of State

Entity Name: CUTTING EDGE UPHOLSTERY SOLUTIONS, LLC

Current Principal Place of Business:

1904 S. HESPERIDES STREET
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

1904 S. HESPERIDES STREET
TAMPA, FL 33629

New Mailing Address:

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

Name and Address of Current Registered Agent:

NOLAN, MICHAEL J
201 N. FRANKLIN STREET, SUITE 2200
TAMPA, FL 33602 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: NOLAN, KAY P
Address: 1904 S. HESPERIDES STREET
City-St-Zip: TAMPA, FL 33629 US

Title: MGR () Delete
Name: NOLAN, MICHAEL J
Address: 1904 S. HESPERIDES STREET
City-St-Zip: TAMPA, FL 33629 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: MICHAEL J. NOLAN

MGR

01/09/2008

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