## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L06000110073**

1. Entity Name

CITY-ST-ZIP

SIGNATURE:

**CUTTING EDGE INSTALLATION SERVICES LLC** 



**Secretary of State** 03-28-2008 90173 037 \*\*\*138.75

**FILED** 

Mar 28, 2008 8:00 am

Principal Place of Business

1250 S. POWERLINE ROAD DEERFIELD BEACH, FL 33442 Mailing Address

1250 S. POWERLINE ROAD DEERFIELD BEACH, FL 33442



01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5879107 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GRITTER, GERALD W ESQ. 120 E. PALMETTO PARK ROAD SUITE 450 BOCA RATON, FL 33432

DO	NOT	WRITI	_
IN .	THIS	SPACE	<u>-</u>

BOCA RATON, FL 33432		IN THIS SPACE
8. The above the obligati	named entity submits this statement for the purpose of changing its registere ions of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	Agent signature required when reinstating) DATE
FILE After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	KULA, DANIEL	
STREET ADDRESS	16121 RIO DEL SOL	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 tristee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE