2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000116882

1. Entity Name

THE TALENT EDGE, LLC



FILED Apr 18, 2008 08:00 A Secretary of State

Principal Place of Business

801 SO. YOUNGE STREET

SUITE #4

ORMOND BEACH, FL 32174 US

Mailing Address

801 SO. YOUNGE STREET

SUITE #4

ORMOND BEACH, FL 32174



04142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-8014358

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEDFORD, DEANNA L 801 SO. YOUNGE STREET SUITE #4 ORMOND BEACH, FL 32174 DO NOT WRITE
IN THIS SPACE

8.	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. I am familiar with, and accept	
	the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and little if applicable

(NOTE: Registered Agent signature required when reinstating)

THE HOUSE

157057118-801013-0113-1138-78

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

y	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGR PROGRESSIVE EDGE GROUP, INC. 801 SO. YOUNGE STREET, SUITE #4 ORMOND BEACH, FL 32174		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET AODRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-2IP			
11. I hereby certify that the information supplied with this filing does not qualify for the			

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11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

ford 4/15/01

36-677-2021

Daytime Phone #