

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000001542

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** A CUT ABOVE MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

157 BERLWOOD WAY  
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

157 BERLWOOD WAY  
DAVENPORT, FL 33837

**New Mailing Address:**

**FEI Number:** 26-3998001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HARTMAN, LORI  
157 BERLWOOD WAY  
DAVENPORT, FL 33837 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  
Name: PORTER, DONALD  
Address: 157 BERLWOOD WAY  
City-St-Zip: DAVENPORT, FL 33837

Title: MGRM  
Name: PORTER, LYNDIA  
Address: 157 BERLWOOD WAY  
City-St-Zip: DAVENPORT, FL 33837

Title: MGRM  
Name: HARTMAN, LORI  
Address: 157 BERLWOOD WAY  
City-St-Zip: DAVENPORT, FL 33837

Title: MGRM  
Name: SKINNER, SHEILA  
Address: 157 BERLWOOD WAY  
City-St-Zip: DAVENPORT, FL 33837

I hereby 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: LORI HARTMAN

MGRM

01/18/2010

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