

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000073624

**FILED**  
**Mar 06, 2010**  
**Secretary of State**

**Entity Name:** ENGLEWOOD EDGE, LLC

**Current Principal Place of Business:**

1670 LAKEVIEW PLACE  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

1670 LAKEVIEW PLACE  
ENGLEWOOD, FL 34223 US

**Current Mailing Address:**

1670 LAKEVIEW PLACE  
ENGLEWOOD, FL 34223

**New Mailing Address:**

P.O. BOX 156  
ENGLEWOOD, FL 34295 US

**FEI Number:** 80-0514410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KADING, DAVID  
640 VIRIDIAN ST.  
ENGLEWOOD, FL 34223 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  
**Name:** CHAPMAN, MARK  
**Address:** 1670 LAKEVIEW PLACE  
**City-St-Zip:** ENGLEWOOD, FL 34223

**Title:** MGRM  
**Name:** CHAPMAN, ERIC  
**Address:** 1670 LAKEVIEW PLACE  
**City-St-Zip:** ENGLEWOOD, FL 34223

**Title:** MGRM  
**Name:** CHAPMAN, NANCY  
**Address:** 1670 LAKEVIEW PLACE  
**City-St-Zip:** ENGLEWOOD, FL 34223

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:** MARK CHAPMAN

MGR

03/06/2010

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