

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M98000001309

1. Entity Name
EDGEONE L.L.C.



Principal Place of Business
19 BRIGHAM ST
UNIT 8
MARLBOROUGH, MA 01752

Mailing Address
19 BRIGHAM ST
UNIT 8
MARLBOROUGH, MA 01752



02022006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3423004

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000516028
04/29/06-80233-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FRANCISCO, CHARLES C
STREET ADDRESS 19 BRIGHAM ST., UNIT 8
CITY-ST-ZIP MARLBOROUGH, MA 01752

TITLE MGRM
NAME IGO, STEVEN J
STREET ADDRESS 19 BRIGHAM ST., UNIT 8
CITY-ST-ZIP MARLBOROUGH, MA 01752

TITLE MGRM
NAME JABLONSKI, RICHARD A
STREET ADDRESS 19 BRIGHAM ST., UNIT 8
CITY-ST-ZIP MARLBOROUGH, MA 01752

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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

4/10/06

Date

508-263-5902

Daytime Phone #