

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 21, 2007 08:00 A**  
**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**



05152007No 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 September 14, 2007**

9. **MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR FRANCISCO, CHARLES C 19 BRIGHAM ST., UNIT 8 MARLBOROUGH, MA 01752</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM IGO, STEVEN J 19 BRIGHAM ST., UNIT 8 MARLBOROUGH, MA 01752</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM JABLONSKI, RICHARD A 19 BRIGHAM ST., UNIT 8 MARLBOROUGH, MA 01752</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000764872  
05/31/07-80014-012 50.00

**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

Date

Daytime Phone #

**5/1/07 508-263-5909**