

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000049948

**Entity Name:** MERCHANTADVANTAGE LLC

**Current Principal Place of Business:**

8269 WEST BROWARD BLVD  
SUITE 444  
PLANTATION, FL 33324

**Current Mailing Address:**

8269 WEST BROWARD BLVD  
SUITE 444  
PLANTATION, FL 33324

**FEI Number:** 20-3123951

**Certificate of Status Desired:** No

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

WALTERS, TAMARA  
8269 WEST BROWARD BLVD  
SUITE 444  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name LAMBERT, MICHAEL  
Address 2999 NE 191 STREET  
SUITE 400  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name NEPO, NORMAN  
Address 2999 NE 191 STREET  
SUITE 400  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name NEPO, ANNE  
Address 2999 NE 191 STREET  
SUITE 400  
City-State-Zip: AVENTURA FL 33180

Title MGR  
Name HARRIS, MEL  
Address 10800 BISCAYNE BLVD. STE 750  
City-State-Zip: MIAMI FL 33161

Title MGR  
Name BEZAHLER, DONALD  
Address 10800 BISCAYNE BLVD. STE 750  
City-State-Zip: MIAMI FL 33161

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NORMAN NEPO

MGR

02/01/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date