

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000049948

**FILED**  
**Jan 24, 2015**  
**Secretary of State**  
**CC1550517197**

**Entity Name:** MERCHANTADVANTAGE LLC

**Current Principal Place of Business:**

1170 KANE CONCOURSE STE 402  
BAY HARBOR ISLANDS, FL 33154

**Current Mailing Address:**

1170 KANE CONCOURSE STE 402  
BAY HARBOR ISLANDS, FL 33154

**FEI Number:** 20-3123951

**Certificate of Status Desired:** No

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

WALTERS, TAMARA  
1170 KANE CONCOURSE STE 402  
BAY HARBOR ISLAND, FL 33154 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 1170 KANE CONCOURSE STE402  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title MGR  
Name NEPO, NORMAN  
Address 1170 KANE CONCOURSE STE402  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title MGR  
Name NEPO, ANNE  
Address 1170 KANE CONCOURSE STE402  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

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 STE750  
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:** MICHAEL LAMBERT

**MGRM**

**01/24/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date