

2020 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:** Yes**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

02/03/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date