

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049948

Entity Name: MERCHANTADVANTAGE LLC**Current Principal Place of Business:**2999 NE 191 STREET
SUITE 400
AVENTURA, FL 33180**Current Mailing Address:**2999 NE 191 STREET
SUITE 400
AVENTURA, FL 33180**FEI Number:** 20-3123951**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WALTERS, TAMARA
2999 NE 191 STREET
SUITE 400
AVENTURA, FL 33180 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 BEZAHLE, 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**MANAGER****01/31/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date