

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000170391

**FILED  
Apr 15, 2019  
Secretary of State  
9870364902CC**

**Entity Name:** COADVANTAGE RESOURCES 41, LLC

**Current Principal Place of Business:**

3350 BUSCHWOOD PARK DR  
SUITE 200  
TAMPA, FL 33618

**Current Mailing Address:**

6407 PARKLAND DR  
ATTN: T VELLA  
SARASOTA, FL 34243 US

**FEI Number:** 46-1521590

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
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 AUTHORIZED MEMBER  
Name COADVANTAGE CORPORATION  
Address 3350 BUSCHWOOD PARK DR  
SUITE 200  
City-State-Zip: TAMPA FL 33618

Title MANAGER  
Name BURGESS, CLINTON W  
Address 3350 BUSCHWOOD PARK DR  
SUITE 200  
City-State-Zip: TAMPA FL 33618

Title MANAGER  
Name GRABOWSKI, PETER C  
Address 3350 BUSCHWOOD PARK DR  
SUITE 200  
City-State-Zip: TAMPA FL 33618

*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:** PETER C GRABOWSKI

CFO

04/15/2019

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

\_\_\_\_\_  
Date