

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000009256

Entity Name: ADVANTAGE BEVERAGE SOLUTIONS LLC**Current Principal Place of Business:**18100 VON KARMAN AVENUE, SUITE 1000
IRVINE, CA 92612**Current Mailing Address:**18100 VON KARMAN AVENUE, SUITE 1000
IRVINE, CA 92612 US**FEI Number:** 81-3676486**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	CEO
Name	YOUNG, ANDREA
Address	18100 VON KARMAN AVENUE, SUITE 1000
City-State-Zip:	IRVINE CA 92612

Title	CFO
Name	CONLEY, BEVIN
Address	18100 VON KARMAN AVENUE, SUITE 1000
City-State-Zip:	IRVINE CA 92612

Title	T
Name	MURRAY, ROBERT
Address	18100 VON KARMAN AVENUE, SUITE 1000
City-State-Zip:	IRVINE CA 92612

Title	S
Name	ROBINSON, BRYCE
Address	18100 VON KARMAN AVENUE, SUITE 1000
City-State-Zip:	IRVINE CA 92612

Title	AS
Name	DOMINGUEZ, HUMBERTO
Address	18100 VON KARMAN AVENUE, SUITE 1000
City-State-Zip:	IRVINE CA 92612

Title	MEM
Name	ADVANTAGE ABS LLC
Address	18100 VON KARMAN AVENUE, SUITE 1000
City-State-Zip:	IRVINE CA 92612

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: BRYCE ROBINSON**SECRETARY****04/17/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date