

2019 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 D
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****04/20/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date