

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90103 022 ****50.00

DOCUMENT # L00000013506

1. Entity Name

ADVANTAGE PROCUREMENT CONSULTANTS, LLC



Principal Place of Business

1028 APOLLO BEACH BLVD., UNIT 115
APOLLO BEACH FL 33572

Mailing Address

1028 APOLLO BEACH BLVD., UNIT 115
APOLLO BEACH FL 33572

2. Principal Place of Business

3717 PALMAS LN

Suite, Apt. #, etc.

3. Mailing Address

3717 PALMAS LN

Suite, Apt. #, etc.

City & State

Ruskin FL

City & State

Ruskin FL

4. FEI Number

59-3684276

Applied For

Not Applicable

Zip

33573

Country

U.S.

Zip

33573

Country

U.S.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORRER, WILLIAM J
1028 APOLLO BEACH BLVD., UNIT 115
APOLLO BEACH FL 33572

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRS ☐ Delete
NAME BORRER, WILLIAM J
STREET ADDRESS 1028 APOLLO BEACH BLVD., #115
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE T ☐ Delete
NAME BORRER, PAULA A
STREET ADDRESS 1028 APOLLO BEACH BLVD., UNIT 115
CITY-ST-ZIP APOLLO BEACH FL 33572

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *William J. Borrer* William J. Borrer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/25/04

Date

813-642-0076

Daytime Phone #