2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000016292

1. Entity Name
ADVANTICA CONSULTING, LLC



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

6401 SW 87TH AVE. SUITE 202 MIAMI, FL 33173 6401 SW 87TH AVE. Suite 202 Miami, FL 33173

DO NOT WRITE IN THIS SPACE

04262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1138492 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, RONALDO R 6401 SW 87TH AVE. SUITE 202 MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chations of registered agent.	anging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGR RONALDOR, FIGUEROA 6401 SW 87TH AVE. MIAMI, FL 33173		U00000745353 05/16/07-80050-001 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			
TRLE			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Floride Statutes. I further certify that the information indicated on this report is true and accurate and that musignature 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: _

STREET ADDRESS CITY-ST-ZIP

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

4/2)/9, Da

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