

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000004788

1. Entity Name
LOCAL ADVANTAGE DIRECTORIES, LLC



Principal Place of Business
865 SUNSHINE LANE
STE 113
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address
P.O. BOX 915146
LONGWOOD, FL 32791 US

DO NOT WRITE IN THIS SPACE



01172007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
30-0048164

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRISON, CHARLES R ESQ
1413 TROVILLION AVE.
WINTER PARK, FL

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
REID, RICHARD
1607 CLUBVIEW DR.
AMARILLO, TX 79129

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
FUNARO, MICHAEL
602 BROADOAK LOOP
SANFORD, FL 32771

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000600665
01/26/07-80020-004 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

Date

Daytime Phone #

1-12-07 407682-2200