

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018959

Entity Name: ADVANTAGE ENERGY, LLC

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

13590 BRYNWOOD LANE
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

13590 BRYNWOOD LANE
FT. MYERS, FL 33912

New Mailing Address:

FEI Number: 55-0793770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIEG, FANK J ESQ.
442 W. KENNEDY BLVD.
SUITE 340
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

RIEG, FANK J ESQ.
442 W. KENNEDY BLVD.
SUITE 340
TAMPA, FL 33606 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: J FRANK RIEF ESQ

02/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZIPPERER, JOHN O JR.
Address: P.O. BOX 640
City-St-Zip: FT. MYERS, FL 33902

Title: P () Delete
Name: ZIPPERER, JOHN O III
Address: 13590 BRYNWOOD LANE
City-St-Zip: FT. MYERS, FL 33912

Title: S () Delete
Name: GORNTON, GEORGIA N
Address: 4191 BELLASOL CIR # 511
City-St-Zip: FT. MYERS, FL 33912

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOHN O ZIPPERER JR

MGR

02/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date