

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

04-21-2003 90119 041 ****50.00

DOCUMENT # L02000021908

1. Entity Name

THAT'S A REAL ADVANTAGE, LLC



Principal Place of Business

Mailing Address

**2594 NORTHWEST 29TH DRIVE
BOCA RATON FL 33434**

**2594 NORTHWEST 29TH DRIVE
BOCA RATON FL 33434**

44002998

2. Principal Place of Business

2255 Glades Road

3. Mailing Address

Suite, Apt. #, etc.

324A

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33434

Country

USA

Zip

Country

4. FEI Number

52-2377296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GANZ, DARRELL

**2594 NORTHWEST 29TH DRIVE
BOCA RATON FL 33434**

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 type 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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
That's A Real Advantage, Inc. (MGR)
2594 N.W. 29th Drive
Boca Raton, FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DARRELL GANZ (MGR)
2594 N.W. 29th Drive
Boca Raton, FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2000 Avenida (MGR)
18151 N.W. 31st Ave, PH-9 (MGR)
Aventura, FL 33160

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

7/1/03

861-289-174

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

Date

Daytime Phone #

CR2E083 (10/02)