# 2007 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L04000077564**

1. Entity Name
ADVANTAGE FORECLOSURE SERVICES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 3491 THOMASVILLE RD. SUITE #175 TALLAHASSEE, FL 32309 | 3491 THOMASVILLE RD. SUITE #175 TALLAHASSEE, FL 32309 |

## DO NOT WRITE IN THIS SPACE

03192007 No Chg-LLC    CR2E083 (11/05)

| 4. FEI Number 43-2064443 | Applied For |
|---|---|
| | Not Applicable |

5. Certificate of Status Desired ☐  **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

RILEY, SHERRY
3563 GARDENVIEW WAY
TALLAHASSEE, FL 32308

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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 | MGRM |
| NAME | MUNROE, LISA |
| STREET ADDRESS | 3491 THOMASVILLE RD #175 |
| CITY-ST-ZIP | TALLAHASSEE, FL 32309 |
| TITLE | MGRM |
| NAME | MUNROE, WILLIAM H |
| STREET ADDRESS | 3491 THOMASVILLE RD #175 |
| CITY-ST-ZIP | TALLAHASSEE, FL 32309 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |

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03/30/07-80001-012 50.00

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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: Lisa Munroe    3-19-2007    (850) 294-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #