

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # L05000107578

1. Entity Name
ADVANTAGE INDUSTRIES LLC



Principal Place of Business
**21997 US 19 NORTH
CLEARWATER, FL 33765**

Mailing Address
**21997 US 19 NORTH
CLEARWATER, FL 33765**



01252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1693337

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NEWMAN, GLENN B
21997 US 19 NORTH
CLEARWATER, FL 33765**

**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

FILE NOW!!! - FEE IS \$138.75 -
After May 1, 2008 Fee will be \$538.75

U00000808843
02/07/08-80056-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	NEWMAN, GLENN B
STREET ADDRESS	5705 PINEY LANE DRIVE
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	MGR
NAME	MULLER, MICHAEL C
STREET ADDRESS	706 S. BREVARD AVENUE
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

1/24/08 813-600-5022

Date

Daytime Phone #