

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121104

FILED
Mar 20, 2009
Secretary of State

Entity Name: LICENSING ADVANTAGE LLC

Current Principal Place of Business:

5808 AURORA AVENUE
PENSACOLA, FL 32506

New Principal Place of Business:

17 SOUTH PALAFOX PLACE
SUITE 322
PENSACOLA, FL 32502

Current Mailing Address:

5808 AURORA AVENUE
PENSACOLA, FL 32506

New Mailing Address:

17 SOUTH PALAFOX PLACE
SUITE 322
PENSACOLA, FL 32502

FEI Number: 20-3963904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHECKLER, JANA L
5808 AURORA AVENUE
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

MACK, RYAN
17 SOUTH PALAFOX PLACE
SUITE 322
PENSACOLA, FL 32502 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: RYAN MACK

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MACK, RYAN
Address: 21 MARINE DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: MGR () Delete
Name: STEPHENS, RICHARD
Address: 2604 YOUNGWOOD LANE
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: STEPHENS, RICK
Address: 17 SOUTH PALAFOX PLACE, SUITE 322
City-St-Zip: PENSACOLA, FL 32502

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: RYAN MACK

MGR

03/20/2009

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