#### >2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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### DOCUMENT # L06000036465

1. Entity Name

ADVANTAGE FINANCIAL SERVICES OF FLORIDA, LLC



Principal Place of Business

405 N. REO ST

STE 165

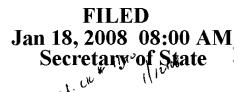
TAMPA, FL 33609

Mailing Address

405 N. REO ST

STE 165

TAMPA, FL 33609





01112008 No Chg-LLC 1

CR2E083 (12/07)

4. FEI Number 20-4660034

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NOLAN, MICHAEL J 201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602

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8	. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or	r both, in the State of Florida.	Lam familiar with and accept
	the obligations of registered agont.		

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required witten reinstating)

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAUMANN, JOHN P JR 405 N. REO ST STE 165 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAYMONDO, MICHAEL C 405 N. REO ST STE 165 TAMPA, FL 33609
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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:

MAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone in