

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036465

FILED  
Jan 22, 2009  
Secretary of State

**Entity Name:** ADVANTAGE FINANCIAL SERVICES OF FLORIDA, LLC

**Current Principal Place of Business:**

405 N. REO ST  
STE 165  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

405 N. REO ST  
STE 165  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 20-4660034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BAUMANN, JOHN P JR  
Address: 405 N. REO ST STE 165  
City-St-Zip: TAMPA, FL 33609

Title: MGRM ( ) Delete  
Name: RAYMONDO, MICHAEL C  
Address: 405 N. REO ST STE 165  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES:**

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

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

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:** JOHN P. BAUMANN, JR.

MGRM

01/22/2009

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