

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90198 008 ****50.00

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04132007 Chg-LLC CR2E083 (12/06)

4. FEI Number **30-4747190** Applied For ☐ Not Applicable ☐

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

DOCUMENT # L06000037502

1. Entity Name
TASTE ADVANTAGE, LLC



Principal Place of Business
150 DOMARAH DRIVE
MONTGOMERYVILLE, PA 18936

Mailing Address
150 DOMARAH DRIVE
MONTGOMERYVILLE, PA 18936

2. Principal Place of Business - No P.O. Box #
3135 Drane Field Road
Suite, Apt. #, etc.
Suite 22

3. Mailing Address
1717 Douglas Avenue
Suite, Apt. #, etc.

City & State
Lakeland FL
Zip
33811 Country
POLK

City & State
Kalamazoo MI
Zip
49007 Country
Kalamazoo

6. Name and Address of Current Registered Agent

HALLOCK, DAVID D JR.
ONE LAKE MORTON DRIVE
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Anthony Willard 1717 Douglas Avenue Kalamazoo MI 49007	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

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: Anthony Willard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/13/07 (249) 216-2632
Date Daytime Phone #