
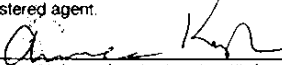
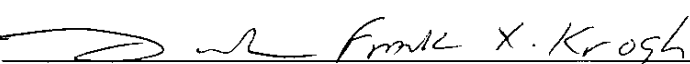


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90334 020 ****50.00

DOCUMENT # L06000043502 1. Entity Name MARKETING ADVANTAGE LLC					
Principal Place of Business 1060 JASPER ST. SUITE 29 CLEARWATER, FL 33756 US			Mailing Address 1060 JASPER ST. SUITE 29 CLEARWATER, FL 33756 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FSI Number 76-0827479	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TASCHLER, PAUL 18129 CRAWLEY RD. ODESSA, FL 33556			7. Name and Address of New Registered Agent Name AMERICA KROGH Street Address (P.O. Box Number is Not Acceptable) 1060 JASPER ST. # 29 City Clearwater FL Zip Code 33756		
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  AMERICA KROGH DATE 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TASCHLER, PAUL 18129 CRAWLEY RD. ODESSA, FL 33556	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KROGH, FRANK 1060 JASPER STREET STE.29 CLEARWATER, FL 33756	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Frank X. Krogh <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 4/30/07 Daytime Phone # 727-549-1971	

60047457



04302007 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

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

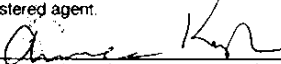
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TASCHLER, PAUL
18129 CRAWLEY RD.
ODESSA, FL 33556

Name **AMERICA KROGH**
Street Address (P.O. Box Number is Not Acceptable)
1060 JASPER ST. # 29
City **Clearwater** **FL** Zip Code **33756**

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  **AMERICA KROGH** DATE **4/30/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

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SIGNATURE:  **Frank X. Krogh**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **4/30/07** Daytime Phone # **727-549-1971**