

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000038877

Entity Name: AED ADVANTAGE, LLC

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4880 SW 104 AVENUE  
COOPER CITY, FL 33328

**New Principal Place of Business:**

19342 SW 68TH ST.  
PEMBROKE PINES, FL 33332

**Current Mailing Address:**

4880 SW 104 AVENUE  
COOPER CITY, FL 33328

**New Mailing Address:**

19342 SW 68TH ST.  
PEMBROKE PINES, FL 33332

FEI Number: 20-8916893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADKINS, JOSEPH K JR  
4880 SW 104 AVENUE  
COOPER CITY, FL 33328 US

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

ADKINS, JOSEPH K JR  
19342 SW 68TH ST.  
PEMBROKE PINES, FL 33332 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: \_\_\_\_\_

01/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ADKINS, JOSEPH K JR  
Address: 19342 SW 68TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33332

Title: MGRM  
Name: ADKINS, VALERY JR  
Address: 19342 SW 68TH ST.  
City-St-Zip: PEMBROKE PINES, FL 33332

I hereby 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: JOSEPH K. ADKINS JR.

MGRM

01/06/2010

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