

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061068

Entity Name: ADVANTAGE POINT, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

2956 HICKORY ROAD
AUBURNDALE, FL 33823

New Principal Place of Business:

520 SOMERSET DRIVE
AUBURNDALE, FL 33823

Current Mailing Address:

2956 HICKORY ROAD
AUBURNDALE, FL 33823

New Mailing Address:

520 SOMERSET DRIVE
AUBURNDALE, FL 33823

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MATHIS, THOMAS S
2956 HICKORY ROAD
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

MATHIS, THOMAS S
520 SOMERSET DRIVE
AUBURNDALE, FL 33823 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:

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MATHIS, THOMAS S
Address: 2956 HICKORY ROAD
City-St-Zip: AUBURNDALE, FL 33823

Title: MGRM () Delete
Name: WEST, DARIN L
Address: 3008 LANTANA ROAD
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MATHIS, THOMAS S
Address: 520 SOMERSET DRIVE
City-St-Zip: AUBURNDALE, FL 33823

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: THOMAS MATHIS

MR

05/01/2008

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