

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088265

FILED
Aug 24, 2008
Secretary of State

Entity Name: ADVANTUM BUSINESS SOLUTIONS, LLC

Current Principal Place of Business:

520 SE 5TH AVENUE #1207
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

1351 NE 191ST ST
314
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

520 SE 5TH AVENUE #1207
FORT LAUDERDALE, FL 33301

New Mailing Address:

1351 NE 191ST ST
314
NORTH MIAMI BEACH, FL 33179

FEI Number: 26-0802562 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

THE LAW OFFICES OF NICK SPRADLIN, PLLC
4001 WEST HENRY AVENUE, SUITE 306
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

VARGAS, ANDRES
1351 NE 191ST ST
314
NORTH MIAMI BEACH, FL 33179 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: ANDRES VARGAS

08/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VARGAS, ANDRES
Address: 520 SE 5TH AVENUE #1207
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VARGAS, ANDRES
Address: 1351 NE 191ST ST
City-St-Zip: NOTRTH MIAMI BEACH, FL 33179

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: ANDRES VARGAS

MGR

08/24/2008

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