

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000060828

FILED
Oct 13, 2009
Secretary of State

Entity Name: SOUTHERN ADVANTAGE , LLC

Current Principal Place of Business:

7349 ULMERTON RD LOT#274
LARGO, FL 33771 US

New Principal Place of Business:

Current Mailing Address:

7349 ULMERTON RD LOT#274
LARGO, FL 33771 US

New Mailing Address:

7349 ULMERTON RD
LOT 274
LARGO, FL 33771 US

FEI Number: 26-2852493 FEI Number Applied For () FEI Number Not Applicable () 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:

YOUNG, TONY
7349 ULMERTON RD LOT#274
LARGO, FL 33771 US

Name and Address of New Registered Agent:

BRIMMER, CHARLENE
7349 ULMERTON RD
LOT 27426
LARGO, FL 33771 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: CHARLENE BRIMMER

10/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRIMMER, CHARLENE
Address: 200 N HIGHLAND AVE
City-St-Zip: CLEARWATER, FL 33755 US

Title: MGRM () Delete
Name: YOUNG, TONY
Address: 7349 ULMERTON RD LOT#274
City-St-Zip: LARGO, FL 33771 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLENE BRIMMER

MGRM

10/13/2009

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