

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000116582

Entity Name: A1A ADVANTAGE, L.L.C.

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

880 A1A BEACH BLVD, UNIT 3318  
ST AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

880 A1A BEACH BLVD, UNIT 3318  
ST AUGUSTINE, FL 32080

**New Mailing Address:**

FEI Number: 27-4494504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HARPST, JOHN D  
880 A1A BEACH BLVD, UNIT 3318  
ST AUGUSTINE, FL 32080 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HARPST, JOHN D  
Address: 880 A1A BEACH BLVD, UNIT 3318  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGRM  
Name: BETRONE, MICHELLE M  
Address: 880 A1A BEACH BLVD, UNIT 3318  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGRM  
Name: BETRONE-HARPST, MACKENZIE L  
Address: 880 A1A BEACH BLVD, UNIT 3318  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGRM  
Name: BETRONE-HARPST, ALEXANDRA M  
Address: 880 A1A BEACH BLVD, UNIT 3318  
City-St-Zip: ST AUGUSTINE, FL 32080

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: JOHN D HARPST

MGR

04/24/2011

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