

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000002539**

1. Entity Name  
**THI ADVANTAGE DME, LLC**



Principal Place of Business  
**930 RIDGEBROOK RD.  
SPARKS, MD 21152**

Mailing Address  
**930 RIDGEBROOK RD.  
SPARKS, MD 21152**



01162006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number  
**20-0081357**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BENNETT, W. BRADLEY  
930 RIDGEBROOK RD.  
SPARKS, MD 21152**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WARLOW, MELISSA  
930 RIDGEBROOK RD.  
SPARKS, MD 21152**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FULCHINO, MARK  
930 RIDGEBROOK RD.  
SPARKS, MD 21152**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000459308  
03/18/06-80028-014 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Melissa Warlow, VP, MGR**

**3/6/06**

**410-773-1176**

Date

Daytime Phone #