

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 02, 2007 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



07052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI 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

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVE.
TALLAHASSEE, FL 32301

**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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

U00000771255
08/02/07-80004-015 50.00

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

**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

7/30/07

Date

410-773-1000

Daytime Phone #