

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000939

Entity Name: ADVANTAGE PLUS, LLC

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

216 LOUISIANA STREET
LITTLE ROCK, AR 72201

New Principal Place of Business:

2112 HINSON RD, APT 7
LITTLE ROCK, AR 72212-346

Current Mailing Address:

216 LOUISIANA STREET
LITTLE ROCK, AR 72201

New Mailing Address:

2112 HINSON RD, APT 7
LITTLE ROCK, AR 72212-346

FEI Number: 71-0764450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 () Delete
Name: DAVIS, BRADLEY N
Address: 216 LOUISIANA STREET
City-St-Zip: LITTLE ROCK, AR 72201

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALLEY, ESSA K
Address: 2112 HINSON RD, APT 7
City-St-Zip: LITTLE ROCK, AR 72212-346

Title: MGRM () Change (X) Addition
Name: ALLEY, SAM K
Address: 2112 HINSON RD, APT 7
City-St-Zip: LITTLE ROCK, AR 72212-346

Title: MGRM () Change (X) Addition
Name: BAILEY, ROBERT B
Address: 2112 HINSON RD, APT 7
City-St-Zip: LITTLE ROCK, AR 72212-346

Title: MGRM () Change (X) Addition
Name: JOHNSON, W. JEFFREY
Address: 2112 HINSON RD, APT 7
City-St-Zip: LITTLE ROCK, AR 72212-346

Title: MGRM () Change (X) Addition
Name: VRATSINAS FAMILY REV, OCABLE TRUST - GUS M.
Address: 2112 HINSON RD, APT 7
City-St-Zip: LITTLE ROCK, AR 72212-346

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: JANE LOUIS

POA

03/30/2009

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