

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M10000002594

**FILED**  
**Oct 10, 2011**  
**Secretary of State**

**Entity Name:** ADVANTAGE PROFESSIONAL, LLC

**Current Principal Place of Business:**

328 DESIARD STREET  
MONROE, LA 71201

**New Principal Place of Business:**

**Current Mailing Address:**

328 DESIARD STREET  
MONROE, LA 71201

**New Mailing Address:**

**FEI Number:** 27-2434510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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:** LINDA STAUFFER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MAUDE, GRAEME  
**Address:** 328 DESIARD STREET  
**City-St-Zip:** MONROE, LA 71201

**Title:** MGRM  
**Name:** DAVIS, CLARA I  
**Address:** 328 DESIARD STREET  
**City-St-Zip:** MONROE, LA 71201

**Title:** MGRM  
**Name:** MANN, JONATHAN T  
**Address:** 220 NORWOOD PARK SOUTH  
**City-St-Zip:** NORWOOD, MA 02062

**Title:** MGRM  
**Name:** LYMBERY, MARK R  
**Address:** 220 NORWOOD PARK SOUTH  
**City-St-Zip:** NORWOOD, MA 02062

**Title:** MGRM  
**Name:** BLACK, FRED  
**Address:** 328 DESAIRD STREET  
**City-St-Zip:** MONROE, LA 71201

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:** CLARA I. DAVIS

MGRM

10/10/2011

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