2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000002772

1. Entity Name
WEALTH ADVISORS, LLC

FILED
09 APR 14 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
101 W. VENICE AVE STE 31-8 VENICE, FL 34285	101 W. VENICE AVE STE 31-8 VENICE, FL 34285

04022009 No Chg-LLC CR2E083 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0036160
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STELLWAGEN, GERARD F
1077 RUISDEL CIR
NOKOMIS, FL 34275

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2009 Fee will be $538.75

04/15/09--01001--025 **138.75
900150082219
04/15/09--01001--025 **138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STELLWAGEN, GERARD F
STREET ADDRESS	1077 RUISDAEL CIR
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: GERARD F STELLWAGEN 4/2/09 941-485-2990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #