

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Sep 02, 2009  
Secretary of State**

DOCUMENT# L06000026132

Entity Name: BUSINESS ADVISORS, LLC

**Current Principal Place of Business:**

100 SEA GULL DRIVE  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 372425  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

FEI Number: 20-4478834      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

REED, RHONDA  
100 SEA GULL DRIVE  
SATELLITE BEACH, FL 32937      US

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: MGRM      ( ) Delete  
Name: REED, RHONDA  
Address: PO BOX 372425  
City-St-Zip: SATELLITE BEACH, FL 32937

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

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Change (X) Addition  
Name: REED, ANNETTE  
Address: PO BOX 372425  
City-St-Zip: SATELLITE BEACH, FL 32937

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: RHONDA REED

MM

09/02/2009

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