

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000003634

**FILED**  
**Oct 20, 2009**  
**Secretary of State**

**Entity Name:** ALLEGIANT FINANCIAL ADVISORS L.L.C.

**Current Principal Place of Business:**

200 SE 1ST ST.  
SUITE 502  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

200 SE 1ST ST.  
SUITE 502  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 20-4910415      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ALLEGIANT FINANCIAL INC  
200 SE 1ST ST.  
SUITE 502  
MIAMI, FL 33131 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: DENNIS FLANAGAN, JR.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALLEGIANT FINANCIAL INC.  
Address: 200 SE 1ST ST., SUITE 502  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

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

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: DENNNIS FLANAGAN, JR.

MGR

10/20/2009

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