

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020260

FILED
Mar 13, 2009
Secretary of State

Entity Name: CMG ADVISORY SERVICES, LLC

Current Principal Place of Business:

1016 COLLIER CENTER WAY STE. 100
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1016 COLLIER CENTER WAY STE. 100
NAPLES, FL 34110

New Mailing Address:

FEI Number: 81-0566398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, RICHARD L
1016 COLLIER CENTER WAY STE. 100
NAPLES, FL 34110 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: MGRM () Delete
Name: WHITE, ROBERT D
Address: 14787 INDIGO LAKES CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: MITCHELL, RICHARD L
Address: 4453 BRYNWOOD DRIVE
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: TILLER, RONALD R
Address: 608 SHELTER COVE
City-St-Zip: CANTON, GA 30114

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WHITE, ROBERT D
Address: 199 TOPANGA DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

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

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: ROBERT D WHITE

MGRM

03/13/2009

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