

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003753

FILED  
Jun 18, 2009  
Secretary of State

Entity Name: GUNTER WEALTH MANAGEMENT LLC

**Current Principal Place of Business:**

ONE S. SCHOOL AVE  
SUITE 501  
SARASOTA, FL 34237 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE S. SCHOOL AVE  
SUITE 501  
SARASOTA, FL 34237

**New Mailing Address:**

FEI Number: 54-2094683      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:**

GUNTER, A. SCOTT  
ONE S. SCHOOL AVE  
SUITE 501  
SARASOTA, FL 34237 US

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

GUNTER, A. SCOTT PRES  
ONE S. SCHOOL AVE  
SUITE 501  
SARASOTA, FL 34237 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: A. SCOTT GUNTER

06/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GUNTER, A. SCOTT PRES  
Address: ONE S. SCHOOL AVE SUITE 501  
City-St-Zip: SARASOTA, FL 34237 US

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: GUNTER, A. SCOTT PRES  
Address: ONE S. SCHOOL AVE SUITE 501  
City-St-Zip: SARASOTA, FL 34237 US

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: A. SCOTT GUNTER

PRES

06/18/2009

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