

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016775

FILED
Apr 27, 2009
Secretary of State

Entity Name: DILIGO ADVISORY GROUP, LLC

Current Principal Place of Business:

7091 NW 77TH TERRACE
2ND FLOOR
MIAMI, FL 33166 US

New Principal Place of Business:

444 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131 US

Current Mailing Address:

7091 NW 77TH TERRACE
2ND FLOOR
MIAMI, FL 33166 US

New Mailing Address:

444 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131 US

FEI Number: 02-0692594

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: TORRES, JULIO
Address: 5333 COLLINS AVENUE, PH 6
City-St-Zip: MIAMI, FL 33140 US

Title: MGRM () Delete
Name: VAN TIENHOVEN, NICOLAS
Address: 7091 NW 77TH TERRACE
City-St-Zip: MIAMI, FL 33166 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: VAN TIENHOVEN, NICOLAS
Address: 151 CRANDON BOULEVARD, APT. 433
City-St-Zip: KEY BISCAYNE, FL 33149 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: NICOLAS VAN TIENHOVEN

MR.

04/27/2009

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