

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049837

FILED  
Sep 02, 2008  
Secretary of State

**Entity Name:** THE ADVISOR GROUP OF FLORIDA, LLC

**Current Principal Place of Business:**

ONE SOUTH SCHOOL AVENUE, SUITE 501  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

ONE SOUTH SCHOOL AVENUE, SUITE 501  
SARASOTA, FL 34237

**New Mailing Address:**

FEI Number: 59-3807421      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:**

THORNBURG, CLYDE M  
ONE SOUTH 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: THORNBURG, CLYDE  
Address: ONE SOUTH SCHOOL AVENUE, SUITE 501  
City-St-Zip: SARASOTA, FL 34237

**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: CLYDE M THORNBURG

MGR

09/02/2008

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