


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000073276 1. Entity Name THE MOLPUS ADVISORY GROUP, LLC	
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Principal Place of Business 100 CENTRAL AVENUE #916 SARASOTA, FL 34236 US	Mailing Address 100 CENTRAL AVENUE #916 SARASOTA, FL 34236 US
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**DO NOT WRITE IN THIS SPACE**



01292008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-5256983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MOLPUS, MANLY  
 100 CENTRAL AVENUE  
 #916  
 SARASOTA, FL 34236

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOLPUS, C. MANLEY 100 CENTRAL AVENUE, #916 SARASOTA, FL 34236
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U00000816775  
 02/14/08-80063-018 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: C. Manly Mofor      Date: 2-01-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #