


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90057 050 ***138.75

DOCUMENT # L07000000449	
1. Entity Name METTA FINANCIAL ADVISORS, LLC <i>Metta Wealth Management, LLC</i>	

Principal Place of Business DOUGLAS ENTRANCE, NORTH TOWER 800 S. DOUGLAS ROAD, SUITE 900 CORAL GABLES, FL 33134 US	Mailing Address PO BOX 141898 CORAL GABLES, FL 33114 US
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2. Principal Place of Business - No P.O. Box # <i>Douglas Entrance, South Tower</i> Suite, Apt. #, etc. <i>806 S Douglas Rd., 9th Floor</i>	3. Mailing Address Suite, Apt. #, etc. City & State <i>Coral Gables, FL 33134</i> Zip <i>33134</i> Country <i>USA</i>
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60038751



01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8138233	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MAS, LISA L 6350 SW 114 STREET PINECREST, FL 33156	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARFINKEL, RODD S P.O. BOX 141898 CORAL GABLES, FL 33114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/08 *529 0428* *(305)*