

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000024436

FILED
Apr 13, 2009
Secretary of State

Entity Name: ADVISORY ADVERSARIES, LLC.

Current Principal Place of Business:

2400 MARINA BAY DRIVE
E# 202
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

1518 WHITEHALL DRIVE
SUITE #306
DAVIE, FL 33324

Current Mailing Address:

2400 MARINA BAY DRIVE
E# 202
FT. LAUDERDALE, FL 33312

New Mailing Address:

1518 WHITEHALL DRIVE
SUITE #306
DAVIE, FL 33324

FEI Number: 20-8601251 **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:

SMITH, IONA H
2400 MARINA BAY DRIVE
E# 202
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

SMITH, IONA H
1518 WHITEHALL DRIVE
SUITE #306
DAVIE, FL 33324 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: IONA H SMITH

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, IONA H
Address: 2400 MARINA BAY DRIVE E# 202
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SMITH, IONA H
Address: 1518 WHITEHALL DRIVE #306
City-St-Zip: DAVE, FL 33324

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: IONA H SMITH

MS.

04/13/2009

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