

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000102939

FILED
Dec 08, 2009
Secretary of State**Entity Name:** FAC WEALTH MANAGEMENT, LLC**Current Principal Place of Business:**9015 STRADA STELL COURT, SUITE 104
NAPLES, FL 34109**New Principal Place of Business:****Current Mailing Address:**9015 STRADA STELL COURT, SUITE 104
NAPLES, FL 34109**New Mailing Address:****FEI Number:** 74-3243908**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KELLER, BRANT
9015 STRADA STELL COURT, SUITE 104
NAPLES, FL 34109 US**Name and Address of New Registered Agent:**BAKER, L. EDWARD
230 3RD AVE. SOUTH #5
NAPLES, FL 34102 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: L. EDWARD BAKER

12/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: KELLER, BRANT M
Address: 9015 STRADA STELL COURT, SUITE 104
City-St-Zip: NAPLES, FL 34109**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: FINANCIAL ADVISORY CONSULTANTS, LLC
Address: 9015 STRADA STELL COURT, SUITE 104
City-St-Zip: NAPLES, FL 34109**Title:** MGR () Change (X) Addition
Name: KELLER, BRANT M
Address: 9015 STRADA STELL COURT, SUITE 104
City-St-Zip: NAPLES, FL 34109

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: L. EDWARD BAKER

MGRM

12/08/2009

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