

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112429

FILED
Apr 13, 2009
Secretary of State

Entity Name: FINANCIAL GROUP ADVISORS, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD.
STE. 1050
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD.
STE. 1050
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 25-1372009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD.
STE. 1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: CASTRO, FERNANDO
Address: 2121 PONCE DE LEON BLVD. STE. 1050
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR () Delete
Name: VIVES, MAURICIO
Address: 2121 PONCE DE LEON BLVD. STE. 1050
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CASTRO, FERNANDO
Address: 2121 PONCE DE LEON BLVD. STE. 1050
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR (X) Change () Addition
Name: INVERLINK CORP.
Address: 2121 PONCE DE LEON BLVD. STE. 1050
City-St-Zip: CORAL GABLES, FL 33134 US

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: FERNANDO CASTRO

MGRM

04/13/2009

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