

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000122690

FILED
Nov 18, 2008
Secretary of State

Entity Name: CAPITAL ADVISORS GROUP, LLC

Current Principal Place of Business:

1167 BRANTLEY ESTATES DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

13524 SUMMERPORT VILLAGE PKWY
WINDERMERE, FL 34786

Current Mailing Address:

1167 BRANTLEY ESTATES DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

8192 BOAT HOOK LOOP
SUITE 419
WINDERMERE, FL 34786

FEI Number: 26-1545227 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

GONZALEZ, JASON
1167 BRANTLEY ESTATES DRIVE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

GONZALEZ, JASON
8192 BOAT HOOK LOOP
SUITE 419
WINDERMERE, FL 34786 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: JASON GONZALEZ

11/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GONZALEZ, JASON
Address: 1167 BRANTLEY ESTATES DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GONZALEZ, JASON
Address: 8192 BOAT HOOK LOOP #419
City-St-Zip: WINDERMERE, FL 34786

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: JASON GONZALEZ

MGR

11/18/2008

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