

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


03-04-2008 90102 032 \*\*\*138.75

L07000122810

**FILED**

08 MAY 21 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT # L07000122810</b>					
<b>1. Entity Name</b> ADVO WEALTH ADVISORS, LLC					
<b>Principal Place of Business</b> 14245 NW 19 STREET PEMBROKE PINES, FL 33028			<b>Mailing Address</b> 14245 NW 19 STREET PEMBROKE PINES, FL 33028		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <u>26-1602162</u> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable                 </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				02082008 Chg-LLC CR2E083 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  DECKERS, STEVEN 3838 FALCON RIDGE CIRCLE WESTON, FL 33331			<b>7. Name and Address of New Registered Agent</b>		
			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 <u>STEVEN DECKERS</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		AGENT		DATE <u>2/8/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALVAREZ, MAURICIO		NAME		
STREET ADDRESS	14245 NW 19 STREET		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DECKERS, STEVEN		NAME		
STREET ADDRESS	3838 FALCON RIDGE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33331		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLAYA, GERMAN R		NAME		
STREET ADDRESS	14245 NW 19 STREET		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MGRM CLAUDIA GARCIA DECKERS	
STREET ADDRESS			STREET ADDRESS	3838 FALCON RIDGE CIRCLE	
CITY-ST-ZIP			CITY-ST-ZIP	WESTON, FL 33331	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MGRM MARCELA FERREIRA	
STREET ADDRESS			STREET ADDRESS	14245 NW 19 ST	
CITY-ST-ZIP			CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 606, Florida Statutes.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			MANAGER		
			DATE <u>2/8/08</u>		DAYTIME PHONE # <u>954-328-8123</u>