

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102223

Entity Name: ADVISORY SOLUTIONS, LLC

FILED
Jun 22, 2009
Secretary of State

Current Principal Place of Business:

509 HARRISON AVENUE, 2ND FLOOR, SUITE 202
PANAMA CITY, FL 32401

New Principal Place of Business:

1609 LISENBY AVENUE
PANAMA CITY, FL 32405

Current Mailing Address:

P.O. BOX 390
PANAMA CITY, FL 324020390

New Mailing Address:

1609 LISENBY AVENUE
PANAMA CITY, FL 32405

FEI Number: 26-3660255 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:

NEVES, TODD
509 HARRISON AVENUE, 2ND FLOOR, SUITE 202
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

NEVES, TODD
1609 LISENBY AVENUE
PANAMA CITY, FL 32405 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: TODD NEVES

06/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEVES, PHILLIP T
Address: 509 HARRISON AVENUE, 2ND FLOOR, SUITE 202
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM () Delete
Name: NEVES, RYAN S
Address: 509 HARRISON AVENUE, 2ND FLOOR, SUITE 202
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NEVES, PHILLIP T
Address: 1609 LISENBY AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM (X) Change () Addition
Name: NEVES, RYAN S
Address: 1609 LISENBY AVENUE
City-St-Zip: PANAMA CITY, FL 32405

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: PHILLIP T NEEVS

MM

06/22/2009

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