

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000087603

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** ADAMS GONZALES ADVISORS, LLC

**Current Principal Place of Business:**

619 E RIDGEWOOD STREET  
#1  
ORLANDO, FL 32803

**New Principal Place of Business:**

1511 EAST STATE ROAD 434  
3009  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

619 E RIDGEWOOD STREET  
#1  
ORLANDO, FL 32803

**New Mailing Address:**

1511 EAST STATE ROAD 434  
3009  
WINTER SPRINGS, FL 32708

**FEI Number:** 27-0962304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALES, BRIAN J  
619 E RIDGEWOOD STREET  
1  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

GONZALES, BRIAN J  
503 ARVERN CT  
ALTAMONTE SPRINGS, FL 32701 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:** BRIAN J GONZALES

04/14/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GONZALES, BRIAN J  
**Address:** 503 ARVERN CT  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

**Title:** MGRM  
**Name:** ADAMS, JASON S  
**Address:** 1010 WINDERLEY PL #127  
**City-St-Zip:** MAITLAND, FL 32751

I hereby 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:** BRIAN J GONZALES

MM

04/14/2010

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