

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001821

FILED
Apr 24, 2009
Secretary of State

Entity Name: MERIDIAN GLOBAL ADVISORS, LLC

Current Principal Place of Business:

3930 CHIQUITA BLVD. SOUTH
CAPE CORAL, FL 33914

New Principal Place of Business:

3009 TURTLE GAIT LANE
SANIBEL, FL 33957

Current Mailing Address:

3930 CHIQUITA BLVD. SOUTH
CAPE CORAL, FL 33914

New Mailing Address:

3009 TURTLE GAIT LANE
SANIBEL, FL 33957

FEI Number: 72-1564325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSNY, RUDOLF Y
3930 CHIQUITA BLVD
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

MOSNY, RUDOLF Y
3009 TURTLE GAIT LANE
SANIBEL, FL 33957 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: _____

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOSNY, RUDOLF Y
Address: 3930 CHIQUITA BLVD
City-St-Zip: CAPE CORAL, FL 33914

Title: S (X) Delete
Name: HENNING, RHONDA
Address: 3930 CHIQUITA BLVD
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOSNY, RUDOLF Y
Address: 3009 TURTLE GAIT LANE
City-St-Zip: SANIBEL, FL 33957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RUDOLF MOSNY

MGR

04/24/2009

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