

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000059172

**Entity Name:** MEDLEY ADVISORY, LLC

**Current Principal Place of Business:**

27499 RIVER VIEW CENTER BLVD.  
SUITE 133  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

27499 RIVER VIEW CENTER BLVD.  
SUITE 133  
BONITA SPRINGS, FL 34134

**FEI Number:** 45-2321611

**Certificate of Status Desired:** No

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

MEDLEY, GARY W  
27499 SHERIDAN RUN  
ESTERO, FL 33928 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name MEDLEY, GARY  
Address 27499 RIVER VIEW CENTER BLVD.  
City-State-Zip: BONITA SPRINGS FL 34134

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY WM. MEDLEY

**MANAGING MEMBER**

**03/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date