


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000017918**

1. Entity Name  
 REZOLIN, LLC



Principal Place of Business 131-A BUSINESS CENTER DRIVE UNIT #7 ORMOND BEACH, FL 32174 US	Mailing Address 131-A BUSINESS CENTER DRIVE UNIT #7 ORMOND BEACH, FL 32174 US
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**DO NOT WRITE IN THIS SPACE**



04292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 03-0474206	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DELLINGER, TRISHA L  
 1265 W. GRANADA BOULEVARD  
 STE. 1  
 ORMOND BEACH, FL 32174

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR DELLINGER, CARL A 131-A BUSINESS CENTER DRIVE ORMOND BEACH, FL 32174
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 05/28/08-80076-004 138.75

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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 608, Florida Statutes.

SIGNATURE: Carl A Dellinger Date: 4-28-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #