

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010516

Entity Name: RELIN, INC.**Current Principal Place of Business:**1089 RED MAPLE WAY
NEW SMYRNA BEACH, FL 32168**Current Mailing Address:**1089 RED MAPLE WAY
NEW SMYRNA BEACH, FL 32168**FEI Number:** 59-3732845**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONASSON, REYNIR
1089 RED MAPLE WAY
NEW SMYRNA BEACH, FL 32168 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**Officer/Director Detail :**

Title	PD
Name	JONASSON, REYNIR
Address	1089 RED MAPLE WAY
City-State-Zip:	NEW SMYRNA BEACH FL 32168

Title	VD
Name	REYNISSON, THORHALLUR H
Address	VIDIGRUND 53
City-State-Zip:	200 KIPAVOGUR, ICELAND

Title	D
Name	BJARNASON, GUNNAR O
Address	KINNAGATA 5
City-State-Zip:	GARDABAER

Title	D
Name	REYNISSON, JONAS
Address	15 GEO MILEV STREET
City-State-Zip:	111 SOFIA BULGARIA

Title	D
Name	JONASSON, ELIN
Address	1089 RED MAPLE WAY
City-State-Zip:	NEW SMYRNA BEACH FL 32168

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: REYNIR JONASSON**PRESIDENT****01/27/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date