

**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