## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED May 07, 2002 8:00 am Secretary of State

DOCUMENT # L0100000 4888							05-07-2002 90388 030 ****50.00			
RECRELAX SYSTEMS, LLC										
DO NOT WRITE IN THIS SPACE							955821			
2. Principal /00	Place of Busi	DREW	St 3.	Mailing Address	DREW :	S7.				
Suite, Api	t. #, etc.			Suite, Apt. #, etc.		•	DO NOT W	RITE IN THIS SPA	CE	
City & Sta	RW4TE	RF	2 C	LEAR WATE	R F	Z 4. F	El Number	<del></del>	Applied For Not Applicable	
33	755	Country		<sup>Zip</sup> 33755	Country	<b>5.</b> C	ertificate of Status Desired		.00 Additional Required	
		<del>-</del>			Name		ne and Address of Curre	nt Registered Aç	ent	
Street Address (P							Box, Number is Not Acceptable)			
<b>.</b>	JI	N THIS	SPAC	CE	-	1008	" DREN	v s+		
er ∎r					City C	LEARW	ATED	FL	Zip Code 7 5 C	
8. The above	e named entit	y submits this stat	ement for the p	urpose of changing its	registered office or	registered age	nt, or both, in the State of		33/35	
SIGNATURE	Signatura broad	or oriesed								
	signistore, typed	or printed name of regist	ored agent and title if	T	FEE IS \$50.00			DATE		
				Make Check Pa	yable to Departr DUE BY MAY 1	nent of State	1		1	
9.	44.0.4/		MEMBERS/MA	NAGERS						
TITLE NAME	MANA	MAYER			TITLE NAME				2/01	
STREET ADDRESS CITY-ST-ZIP	1008 Clear	MAYER In DR water	EW St FL	33755	STREET ADDRESS CITY-ST-ZIP				CRZE083B (12/01)	
TITLE NAME					TITLE NAME					
STREET ADDRESS					STREET ADDRESS CITY-ST-ZIP				0	
TITLE			<del></del>		TITLE	· <del>=</del> ·				
NAME STREET ADDRESS					NAME STREET ADDRESS					
CITY-ST-ZIP					CITY-ST-ZIP		DO NOT	WRITE		
TITLE > . ·			~ . ·		NAME	<b>-</b> 4	IN THIS	SPACE		
STREET ADDRESS CITY-ST-ZIP	l				STREET ADDRESS CITY-ST-ZIP					
TITLE				, <u>.</u>	TITLE	<del></del>				
NAME STREET ADDRESS					NAME STREET ADDRESS					
CITY-ST-ZIP					CITY-ST-ZIP					
NAME					TITLE NAME					
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS :					
11. I hereby of indicated	ertify that the	information supplies true and accura	ed with this filinate and that my	g does not qualify for signature shall have the	the exemption state	d in Section 11 as if made und	9.07(3)(i), Florida Statutes. der oath; that I am a mana	I further certify the	at 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: 4/26/2007 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date DayLime Phone /										