


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L02000017918</b> 1. Entity Name REZOLIN, LLC	
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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**



04262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 03-0474206	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DELLINGER, TRISHA L 1265 W. GRANADA BOULEVARD STE. 1 ORMOND BEACH, FL 32174
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**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

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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U00000759850  
05/24/07-80059-001 50.00

**DO NOT WRITE  
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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 4-27-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #