

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061341

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: RELAXIN LLC

**Current Principal Place of Business:**

2400 SW 208 AVENUE  
MIRAMAR, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 297281  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 20-3027276      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONTI, KATHLEEN S  
2400 SW 208 AVENUE  
PEMBROKE PINES, FL 33029      US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CONTI, KATHLEEN  
Address: P.O. BOX 297281  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR ( ) Delete  
Name: CONTI, JON  
Address: P.O. BOX 297281  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CONTI, KATHLEEN  
Address: P.O. BOX 297281  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM (X) Change ( ) Addition  
Name: CONTI, JON  
Address: P.O. BOX 297281  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KATHLEEN S. CONTI

MGRM

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date