

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080747

Entity Name: RELAX-BCK, LLC

FILED  
May 02, 2009  
Secretary of State

## Current Principal Place of Business:

7852 OWENS STREET  
ARVADA, CO 80005

## New Principal Place of Business:

5291 BLUE CRAB CIRCLE  
UNIT G-2  
BOKEELIA, FL 33922

## Current Mailing Address:

7852 OWENS STREET  
ARVADA, CO 80005

## New Mailing Address:

5291 BLUE CRAB CIRCLE  
UNIT G-2  
BOKEELIA, FL 33922

FEI Number: 50-3782561      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

BRINSON, MELVILLE G III  
8359 STRINGFELLOW ROAD  
ST. JAMES CITY, FL 33956      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: MGRM      ( ) Delete  
Name: LAGANA, DONALD J  
Address: 7852 OWENS STREET  
City-St-Zip: ARVADA, CO 80005

Title: MGRM      ( ) Delete  
Name: HEBERT, SHARON R  
Address: 7852 OWENS STREET  
City-St-Zip: ARVADA, CO 80005

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change ( ) Addition  
Name: LAGANA, DONALD J  
Address: 5291 BLUE CRAB CIRCLE UNIT G-2  
City-St-Zip: BOKEELIA, FL 33922

Title: MGRM      (X) Change ( ) Addition  
Name: HEBERT, SHARON R  
Address: 5291 BLUE CRAB CIRCLE UNIT G-2  
City-St-Zip: BOKEELIA, FL 33922

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: SHARON R HEBERT

MEM

05/02/2009

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