

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000110453

FILED
Jun 24, 2008
Secretary of State

Entity Name: THE RELATIONSHIP ORGANIZATION, LLC

Current Principal Place of Business:

2875 N.E. 191ST STREET, SUITE 901
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2875 N.E. 191ST STREET, SUITE 901
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-3824590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENOUTIS, GEORGE
2875 N.E. 191ST STREET, SUITE 901
AVENTURA, FL 33180 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: OCHOA PSYCHOLOGICAL, SERVICES, INC.
Address: 1850 S OCEAN DRIVE #2505
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGRM () Delete
Name: MENOUTIS, GEORGE
Address: 10939 NASHVILLE DR.
City-St-Zip: COOPER CITY, FL 33026

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: SALVATORE, COLOMDO
Address: 400 NOTTHAMING CIRCLE UNIT 408F
City-St-Zip: GREENACRES, FL 33463

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: MENOUTIS GEORGE

MGRM

06/24/2008

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