

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111728

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

**Entity Name:** RELATIONS, LLC

**Current Principal Place of Business:**

701 S. HOWARD AVENUE, SUITE 106-414  
TAMPA, FL 33606

**New Principal Place of Business:**

3313 W. CYPRESS STREET  
TAMPA, FL 33607

**Current Mailing Address:**

701 S. HOWARD AVENUE, SUITE 106-414  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 20-3807305      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ADKINS, ROBIN S  
701 S. HOWARD AVENUE, SUITE 106-414  
TAMPA, FL 33606    US

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

VOSLER, ROBIN A  
3313 W. CYPRESS STREET  
TAMPA, FL 33607    US

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: ROBIN ADKINS VOSLER      04/07/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO      ( ) Delete  
Name: ADKINS, ROBIN S  
Address: 701 S. HOWARD AVENUE, SUITE 106-414  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES:**

Title: CEO      (X) Change ( ) Addition  
Name: VOSLER, ROBIN A  
Address: 3313 W. CYPRESS STREET  
City-St-Zip: TAMPA, FL 33607

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: ROBIN ADKINS VOSLER      CEO      04/07/2009  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date