04/27/2007 12:03 3053817116 WOLFELAW

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Secretary of State
05-01-2007 90335 009 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000079326

1. Entity Name
MENOPAUSE LICENSING LLC

60047518

Principal Place of Business	Mailing Address
C/O WOLFE & GOLDSTEIN, P.A. 100 S.E. SECOND STREET, SUITE 3300 MIAMI, FL 33131	C/O WOLFE & GOLDSTEIN, P.A. 100 S.E. SECOND STREET, SUITE 3300 MIAMI, FL 33131
2. Principal Place of Business - No P.O. Box #: 1069 W. Morse Blvd	3. Mailing Address: 1069 W Morse Blvd
Suite, Apt. #, etc.: Suite 1	Suite, Apt. #, etc.: Suite 1
City & State: Winter Park, FL	City & State: Winter Park, FL
Zip: 32789 Country:	Zip: 32789 Country:

04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-5361418 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLFE, RICHARD C ESQ. C/O WOLFE & GOLDSTEIN, P.A. 100 S.E. SECOND STREET, SUITE 3300 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINDERS, JEANIE 222 S. NEW YORK AVE., 2ND FLOOR WINTER PARK, FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Linders, Jeanette C. 9210 Ridge Pine Trail Orlando FL 32819	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: J. Linders 4-27-07 407-478-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #