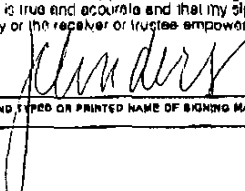


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90335 009 ****55.00

DOCUMENT # L06000079326			
1. Entity Name MENOPAUSE LICENSING LLC			
Principal Place of Business C/O WOLFE & GOLDSTEIN, P.A. 100 S.E. SECOND STREET, SUITE 3300 MIAMI, FL 33131		Mailing Address 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		Zip 32789	
Country		Country	
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 WOLFE, RICHARD C ESQ. C/O WOLFE & GOLDSTEIN, P.A. 100 S.E. SECOND STREET, SUITE 3300 MIAMI, FL 33131		7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, dates or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when relinquishing)			
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
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: 		4-27-07 407-478-1700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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