


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90342 001 ***138.75

05-19-2008 90342 002 *****5.00

DOCUMENT # L07000018313					
1. Entity Name RELATIVELY SPEAKING, LLC					
Principal Place of Business 1525 SW 112TH AVENUE DAVIE, FL 33325 US			Mailing Address 1525 SW 112TH AVENUE DAVIE, FL 33325 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Name <i>Shanier Soffrant</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>1525 SW 112 Ave</i>	
				City <i>Davie</i> FL Zip Code <i>33325</i>	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstalling) DATE <i>5/13/2008</i>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to. Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADDERLEY, SHANIER 1525 SW 112TH AVENUE DAVIE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>in GRM</i> <i>Shanier Soffrant</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1525 SW 112 Ave</i> <i>Davie, FL 33325</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <i>[Signature]</i> <i>Shanier Soffrant</i> DATE <i>5/13/08</i> (954) 806-0215					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



05142008 Chg-LLC CR2E083 (12/06)

4. FEI Number *20-8467749* Applied For ☐ Not Applicable ☐

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