

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

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

05-15-2008 90079 042 ***138.75
03-04-2008 90102 045 ***138.75

DOCUMENT # L07000050215

1. Entity Name
RELO REFERRALS, LLC



Principal Place of Business
**1645 W. MAIN STREET
INVERNESS FL 34450**

Mailing Address
**1645 W. MAIN STREET
INVERNESS FL 34450**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E083 (10/07)

4. FEI Number
26-2657829

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**MORTON, KAREN
1645 W. MAIN STREET
INVERNESS FL 34450**

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, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renouncing))

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 - Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORTON, KAREN 1645 W. MAIN STREET INVERNESS FL 34450 ☐ 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 Section 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 60B, Florida Statutes.

SIGNATURE: _____ DATE: **4/24/08** OFFICE PHONE: **352-726-6668**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE