

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000095214

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Entity Name:** RELATIVE SOLUTIONS LLC

**Current Principal Place of Business:**

4601 W. SAN MIGUEL ST  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 320334  
TAMPA, FL 33679

**New Mailing Address:**

**FEI Number:** 26-1199918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBBINS, R. JAMES JR  
101 E. KENNEDY BLVD., SUITE 3700  
TAMPA, FL 33602 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** RYALS, BARBARA H  
**Address:** 4601 W. SAN MIGUEL ST  
**City-St-Zip:** TAMPA, FL 33629

**Title:** MGR  
**Name:** MYNARD, NANCY H  
**Address:** 1208 DRUID LANE  
**City-St-Zip:** TAMPA, FL 33629

I hereby 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:** BARBARA HARVEY RYALS

MGR

01/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date