

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100400

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** RESETTING INSTITUTE LLC

**Current Principal Place of Business:**

1013 7TH STREET SOUTH  
NAPLES, FL 34102 US

**New Principal Place of Business:**

1740 PERSIMMON DRIVE  
NAPLES, FL 34109 US

**Current Mailing Address:**

1013 7TH STREET SOUTH  
NAPLES, FL 34102 US

**New Mailing Address:**

1740 PERSIMMON DRIVE  
NAPLES, FL 34109 US

FEI Number: 26-1599501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOLDEMANN, ANDREAS  
1013 7TH STREET SOUTH  
NAPLES, FL 34102 US

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

GOLDEMANN, ANDREAS  
861 3RD STREET S.  
NAPLES, FL 34102 US

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: \_\_\_\_\_

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JONES, CARISA  
Address: 1740 PERSIMMON DR.  
City-St-Zip: NAPLES, FL 34109 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CARISA JONES

MGRM

04/29/2008

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