

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100400

**FILED**  
**Mar 21, 2009**  
**Secretary of State**

**Entity Name:** RESETTING INSTITUTE LLC

**Current Principal Place of Business:**

1740 PERSIMMON DRIVE  
NAPLES, FL 34109 US

**New Principal Place of Business:**

5621 STRAND BLVD.  
105  
NAPLES, FL 34110 US

**Current Mailing Address:**

1740 PERSIMMON DRIVE  
NAPLES, FL 34109 US

**New Mailing Address:**

5621 STRAND BLVD.  
105  
NAPLES, FL 34110 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  
861 3RD STREET S.  
NAPLES, FL 34102 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: MGRM ( ) Delete  
Name: JONES, CARISA  
Address: 1740 PERSIMMON DR.  
City-St-Zip: NAPLES, FL 34109 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ANDREAS, GOLDEMANN  
Address: 861 3RD STREET S.  
City-St-Zip: NAPLES, FL 34102

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: ANDREAS GOLDEMANN

MGRM

03/21/2009

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