

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080928

Entity Name: RELIC DWELLERS LLC

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

300 E. OAKLAND PARK BLVD.  
274  
WILTON MANORS, FL 33334

## New Principal Place of Business:

## Current Mailing Address:

300 E. OAKLAND PARK BLVD.  
274  
WILTON MANORS, FL 33334

## New Mailing Address:

FEI Number: 26-3237726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCILVENNY, MATYLDA  
4470 NW 17TH AVE  
OAKLAND PARK, FL 33309 US

## Name and Address of New Registered Agent:

MCILVENNY, MATYLDA  
2450 NW 36TH STREET  
SUITE 14  
POMPAÑO BEACH, FL 33073 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: MATYLDA MCILVENNY

04/27/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MCILVENNY, MATYLDA  
Address: 300 E. OAKLAND PARK BLVD. #274  
City-St-Zip: WILTON MANORS, FL 33334

Title: MGRM ( ) Delete  
Name: MCILVENNY, BRIAN  
Address: 300 E. OAKLAND PARK BLVD. #274  
City-St-Zip: WILTON MANORS, FL 33334

## ADDITIONS/CHANGES:

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

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: MATYLDA MCILVENNY

MGRM

04/27/2009

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