

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000114749

Entity Name: RELAXX, LLC

FILED  
May 25, 2009  
Secretary of State

**Current Principal Place of Business:**

2656 AIRPORT RD SOUTH  
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

2656 AIRPORT RD SOUTH  
NAPLES, FL 34112

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

STEVINS, SAMANTHA ESQ  
2656 AIRPORT RD SOUTH  
NAPLES, FL 34112 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GET HAPPY, IC.  
Address: 2656 AIRPORT RD SOUTH  
City-St-Zip: NAPLES, FL 34112

Title: MGRM ( ) Delete  
Name: HANDLER, AMNON  
Address: 1300 MOFFETT ST - # 102  
City-St-Zip: HALLANDALE BEACH, FL 33009

**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: AMNON HANDLER

MGRM

05/25/2009

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