2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2011
Secretary of State

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Entity Name: REEL TRAUMA LLC

Current Principal Place of Business:

567 JOHNS PASS AVENUE
MADEIRA BEACH, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

567 JOHNS PASS AVENUE
MADEIRA BEACH, FL 33708 US

New Mailing Address:

FEI Number: 27-2494019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACNEIL, ALISTAIR J
567 JOHNS PASS AVENUE
MADEIRA BEACH, FL 33708 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
Name: MACNEIL, ALISTAIR J
Address: 567 JOHNS PASS AVENUE
City-St-Zip: MADEIRA BEACH, FL 33708 US

Title: MGRM
Name: CHRIST, PHILIP
Address: 12388 OAKS LN
City-St-Zip: SEMINOLE, FL 33772 US

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 Statues.

SIGNATURE: ALISTAIR MACNEIL MGRM 01/13/2011

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