

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000046945

Entity Name: REEL TRAUMA LLC

FILED
Jan 31, 2012
Secretary of State

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 Statutes.

SIGNATURE: ALISTAIR J MACNEIL

MGRM

01/31/2012

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