

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000043788

Entity Name: RELAXATION POD LLC

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1827 SW 1ST. STREET  
CAPE CORAL, FL 33991 US

**New Principal Place of Business:**

**Current Mailing Address:**

1827 SW 1ST. STREET  
CAPE CORAL, FL 33991 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

SETZER, INGRID L  
1827 SW 1ST STREET  
CAPE CORAL, FL 33991 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: MGR  
Name: SETZER, INGRID L  
Address: 1827 SW 1ST. STREET  
City-St-Zip: CAPE CORAL, FL 33991 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: INGRID SETZER

MGR

03/20/2012

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