2007

ANNUAL REPORT

FILED Jun 08, 2007 8:00 am Secretary of State

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DOCUMENT NOW 00000 8298					05-10-2007 90025 029 ***158.75				
Rejectreligion, Inc.,					<u>.</u>				
Principal Place	e of Business			/ ۷,0	UIOJ	บบ			
11734 Lake Clair Circle									
Clermont, FL. 347// 2. Principal Place of Business - No P.O. Box # 3. Mailing Address									
					A COMPANIES OF A STATE OF THE PROPERTY OF THE				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			06042007	Chg-LLC	CR2E0	83 (12/06)	
City & State	8	City & State		4. F51 Jumb	522215	3		plied For t Applicable	
Žip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MERIDETI	HC NAGEL BA			Name					
MERIDETH C. NAGEL, P.A. 953 10TH STREET CLERMONT, FL 34711				Street Address ((P.O. Box Number Is Not Acceptable)				
		_		01:				1	
				City			FL	Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
Supnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algosiuse required when reinstating) DATE									
Filing Fee is \$50.00 Due by September 14, 2007					Make check payable to Florida Department of State				
9.	MANAGING MEMBE	.LRS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	Chairman of Board	d □ Delete	TITLE					Change	Addillon
	Leon Bloder	NAMI		E					
STREET ADDRESS 11734 Lake Clair Circ		rde, Clermont, P.	1	ET ADDRESS -ST-ZIP					
TITLÉ	V.C.	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	Ryan Kelik		NAM	-					
STREET ADDRESS CITY-ST-ZIP	T-ZIP 11921 Cypress Landing Avenue, Clermone		U CITY	ET ADDRESS -ST-ZIP					
TITLE	Member of Board	☐ Delete	TITLI					Change	☐ Addition
NAME STREET ADDRESS	Merideth Nagel		MAM						
CITY-ST-ZIP	11734 Lake Clair	ic Marmot Pl.	CITY	ET ADDRESS -ST-ZIP					
TITLE	MAC DIAIT C	Delete-347	// TITLI	E				☐ Change	Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITL					☐ Change	Addition
NAME			NAM						_
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITL					Change	Addition
NAME			NAM					_ •	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	nortifications that information assume to 1. Tel.	ekis 6Kan dan asa sa sa Pr		-ST-ZIP	1- 01 1:-	Florida October 11			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.									