

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094672

Entity Name: ORENDA HERBAL LLC

FILED
May 05, 2009
Secretary of State

Current Principal Place of Business:

622A N THORNTON AVE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

622A N THORNTON AVE
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 03-0569635 FEI Number Applied For () 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:

RUFF, EMILY
622A N THORNTON AVE
ORLANDO, FL 32803 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 () Delete
Name: RUFF, EMILY
Address: 622A N THORNTON AVE
City-St-Zip: ORLANDO, FL 32803

Title: MGR () Delete
Name: TINER, MICHAEL
Address: 622A N THORNTON AVE
City-St-Zip: ORLANDO, FL 32803

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: FEASEL, JACQUELINE
Address: 622A N THORNTON AVE
City-St-Zip: ORLANDO, FL 32803

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: EMILY RUFF

MGR

05/05/2009

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