


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90342 040 \*\*\*\*50.00

**DOCUMENT # L06000079144**

1. Entity Name  
**NATURE'S SOLUTION, LLC**



Principal Place of Business      Mailing Address  
**6919 PLYMOUTH SORRENTO RD**      **6919 PLYMOUTH SORRENTO RD**  
**APOPKA, FL 32712 US**      **APOPKA, FL 32712 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

40097811



04252007 Chg-LLC CR2E083 (12/06)

4. FEI Number      Applied For  
**51-0624161**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name: **Bernadine J. MORO**  
 Street Address (P.O. Box Number is Not Acceptable): **6919 Plymouth Sorrento Rd**  
 City: **Apopka**      FL      Zip Code: **32712**

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: **Bernadine J. Moro**      DATE: **4-25-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                     |                                 |
|--|---------------------------------|
| TITLE: <b>MGRM</b>                               | <input type="checkbox"/> Delete |
| NAME: <b>MORO, BERNADINE</b>                     |                                 |
| STREET ADDRESS: <b>6919 PLYMOUTH SORRENTO RD</b> |                                 |
| CITY-ST-ZIP: <b>APOPKA, FL 32712</b>             |                                 |
| TITLE: <b>MGRM</b>                               | <input type="checkbox"/> Delete |
| NAME: <b>MORO, CHARLES W</b>                     |                                 |
| STREET ADDRESS: <b>6919 PLYMOUTH SORRENTO RD</b> |                                 |
| CITY-ST-ZIP: <b>APOPKA, FL 32712</b>             |                                 |
| TITLE: <b>MGRM</b>                               | <input type="checkbox"/> Delete |
| NAME: <b>Richard J. Moro</b>                     |                                 |
| STREET ADDRESS: <b>5237 Ardmore Dr</b>           |                                 |
| CITY-ST-ZIP: <b>Winter Park, FL 32792</b>        |                                 |
| TITLE: <b>MGRM</b>                               | <input type="checkbox"/> Delete |
| NAME: <b>Randall C Moro</b>                      |                                 |
| STREET ADDRESS: <b>9905 Montclair Cir</b>        |                                 |
| CITY-ST-ZIP: <b>Apopka, FL 32703</b>             |                                 |
| TITLE: <b>MGRM</b>                               | <input type="checkbox"/> Delete |
| NAME: <b>Ronald E. Moro</b>                      |                                 |
| STREET ADDRESS: <b>6919 Plymouth Sorrento Rd</b> |                                 |
| CITY-ST-ZIP: <b>Apopka, FL 32712</b>             |                                 |
| TITLE: <b>MGRM</b>                               | <input type="checkbox"/> Delete |
| NAME: <b>Roger W. Moro</b>                       |                                 |
| STREET ADDRESS: <b>2227 Majestic Woods Dr</b>    |                                 |
| CITY-ST-ZIP: <b>Apopka, FL 32703</b>             |                                 |

| 10. ADDITIONS/CHANGES                            |  |
|--|--|
| TITLE: <b>MGRM</b>                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: <b>Rhonda E. Moro</b>                      |  |
| STREET ADDRESS: <b>5225 Ardmore Dr</b>           |  |
| CITY-ST-ZIP: <b>Winter Park, FL 32792</b>        |  |
| TITLE: <b>MGRM</b>                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: <b>Renee A Halstead</b>                    |  |
| STREET ADDRESS: <b>105 Polo Lane</b>             |  |
| CITY-ST-ZIP: <b>Sanford, FL 32771</b>            |  |
| TITLE: <b>MGRM</b>                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: <b>Rachelle L. Hoffman</b>                 |  |
| STREET ADDRESS: <b>309 McClintock St</b>         |  |
| CITY-ST-ZIP: <b>Longwood, FL 32750</b>           |  |
| TITLE: <b>MGRM</b>                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: <b>Roxanne T. Beene</b>                    |  |
| STREET ADDRESS: <b>6919 Plymouth Sorrento Rd</b> |  |
| CITY-ST-ZIP: <b>Apopka, FL 32712</b>             |  |
| TITLE: <b>MGRM</b>                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: <b>Cody Longfield</b>                      |  |
| STREET ADDRESS: <b>6919 Plymouth Sorrento Rd</b> |  |
| CITY-ST-ZIP: <b>Apopka, FL 32712</b>             |  |
| TITLE: <b>MGRM</b>                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME: <b>Jose R. Citrion</b>                     |  |
| STREET ADDRESS: <b>2122 Bluff Oak St</b>         |  |
| CITY-ST-ZIP: <b>Apopka, FL 32712</b>             |  |

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 60B, Florida Statutes.

SIGNATURE: **Bernadine J. Moro**      DATE: **4-25-07**      TELEPHONE: **407-814-9218**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #