

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062851

Entity Name: PYURE BRANDS, LLC

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

4532 TAMIAMI TRAIL E, STE 303  
NAPLES, FL 34112 US

## New Principal Place of Business:

4532 TAMIAMI TRAIL E  
SUITE #303  
NAPLES, FL 34112 US

## Current Mailing Address:

4532 TAMIAMI TRAIL E, STE 303  
NAPLES, FL 34112 US

## New Mailing Address:

4532 TAMIAMI TRAIL E  
SUITE #303  
NAPLES, FL 34112 US

FEI Number: 26-3156379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLEISCHER, BENJAMIN L  
9144 DELANO STREET  
UNIT #9502  
NAPLES, FL 34113 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: FLEISCHER, BENJAMIN L  
Address: 9144 DELANO STREET #9502  
City-St-Zip: NAPLES, FL 34113 US

Title: MRGM ( ) Delete  
Name: GORDON, ADAM P  
Address: 556-A MORELAND AVE, NE  
City-St-Zip: ATLANTA, GA 30307 US

## ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition  
Name: GORDON, ADAM P  
Address: 9144 DELANO STREET #9502  
City-St-Zip: NAPLES, FL 34113 US

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: ADAM P. GORDON

MRGM

03/23/2009

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