

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000034343

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Entity Name:** NATURE'S SPIRIT DISTINCTIVE AROMATHERAPY BY DOREEN LLC

**Current Principal Place of Business:**

2109 NORTH INDIAN RIVER DRIVE  
COCOA, FL 32922

**New Principal Place of Business:**

411 SEAHORSE CIRCLE SE  
PALM BAY, FL 32909

**Current Mailing Address:**

2109 NORTH INDIAN RIVER DRIVE  
COCOA, FL 32922

**New Mailing Address:**

411 SEAHORSE CIRCLE SE  
PALM BAY, FL 32909

**FEI Number:** 27-2266229

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DESERRES, DOREEN A  
2109 NORTH INDIAN RIVER DRIVE  
COCOA, FL 32922 US

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

DESERRES, DOREEN A  
411 SEAHORSE CIRCLE SE  
PALM BAY, FL 32909 US

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:** DOREEN A. DESERRES

04/09/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** DESERRES, DOREEN A  
**Address:** 411 SEAHORSE CIRCLE SE  
**City-St-Zip:** PALM BAY, FL 32909

**Title:** MGRM  
**Name:** FARRELL, THOMAS T  
**Address:** 411 SEAHORSE CIRCLE  
**City-St-Zip:** PALM BAY, FL 32909

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:** THOMAS T. FARRELL

MGRM

04/09/2011

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