

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046848

FILED
Apr 06, 2009
Secretary of State

Entity Name: A NATURAL APPROACH TO WELLNESS, LLC

Current Principal Place of Business:

15901 NORTH FLORIDA AVENUE
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

15901 NORTH FLORIDA AVENUE
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 26-2577958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN H. RAINS III, P.A.
501 EAST KENNEDY BOULEVARD
SUITE 750
TAMPA, FL 33602 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: MGRM () Delete
Name: MUCHMORE, LAURA
Address: 15901 NORTH FLORIDA AVENUE
City-St-Zip: LUTZ, FL 33549 US

ADDITIONS/CHANGES:

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

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: LAURA D MUCHMORE

MGRM

04/06/2009

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