

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000078127

**Entity Name:** NATURAL LIFE COLLECTIONS, INC.

**Current Principal Place of Business:**

820 A1A NORTH, STE W4  
SUITE 200  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

820 A1A NORTH, STE W4  
SUITE 200  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number:** 59-3341788

**Certificate of Status Desired:** No

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

COOK, KEVIN B ESQ.  
818 A1A NORTH  
SUITE 302  
PONTE VEDRA BEACH, FL 32082 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:** KEVIN B. COOK, ESQ.

03/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name PATRICIA L, HUGHES  
Address 820 A1A NORTH, STE W4  
SUITE 200  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title SECRETARY  
Name CINDY, MEIDE  
Address 820 A1A NORTH, STE W4  
SUITE 200  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP  
Name CINDY, MEIDE  
Address 820 A1A NORTH, STE W4  
SUITE 200  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title TREASURER  
Name LESLI A, SCHMACHTENBERGER  
Address 820 A1A NORTH, STE W4  
SUITE 200  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HUGHES, PATRICIA L

**AUTHORIZED  
SIGNATORIES**

03/25/2023

Electronic Signature of Signing Officer/Director Detail

Date