

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066960

Entity Name: HEALTH NATURALLY, LLC

Current Principal Place of Business:

199 CAVILLER COURT
NORTH FORT MYERS, FL 33917

Current Mailing Address:

199 CAVILLER COURT
NORTH FORT MYERS, FL 33917 US

FEI Number: 26-0420051

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OCCHIOGROSSO, JAMES
199 CAVILLER COURT
NORTH FORT MYERS, FL 33917 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name OCCHIOGROSSO, JAMES
Address 199 CAVILLER COURT
City-State-Zip: NORTH FORT MYERS FL 33917

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES OCCHIOGROSSO

MGRM

04/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date