

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000067136

**Entity Name:** DR. MURRAY'S NATURECEUTICALS LLC

**Current Principal Place of Business:**

7932 WEST SAND LAKE ROAD  
SUITE # 306  
ORLANDO, FL 32819

**Current Mailing Address:**

7932 WEST SAND LAKE ROAD  
SUITE # 306  
ORLANDO, FL 32819

**FEI Number:** 26-0425288

**Certificate of Status Desired:** No

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

MURRAY, JOELLE  
7932 WEST SAND LAKE ROAD  
SUITE # 306  
ORLANDO, FL 32819 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:** JOELLE MURRAY

04/30/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MURRAY, ROGER Y  
Address 7932 W. SAND LAKE ROAD #306  
City-State-Zip: ORLANDO FL 32819

Title MANAGER  
Name MURRAY, JOELLE  
Address 7932 WEST SAND LAKE ROAD  
SUITE # 306  
City-State-Zip: ORLANDO FL 32819

*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:** JOELLE MURRAY

MANAGER

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date