

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065720

Entity Name: HERBALWISE

Current Principal Place of Business:

217 1/2 12TH AVE N
ST. PETERSBURG, FL 33701

Current Mailing Address:

217 1/2 12TH AVE N
ST. PETERSBURG, FL 33701 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALLOREO, DESERIE
217 1/2 12TH AVE N
ST. PETERSBURG, FL 33701 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 MGR
Name VALLOREO, DESERIE
Address 217 1/2 12TH AVE N
City-State-Zip: ST. PETERSBURG FL 33701

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: DESERIE VALLOREO

MANAGER

02/08/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date