

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000098826

**Entity Name:** HERBAL ROOTS, LLC

**Current Principal Place of Business:**

20721 CENTRAL AVE. E.  
A  
BLOUNTSTOWN, FL 32424

**Current Mailing Address:**

20721 CENTRAL AVE. E.  
A  
BLOUNTSTOWN, FL 32424 US

**FEI Number:** 27-3539386

**Certificate of Status Desired:** No

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

FOSTER, DANA L  
13333 NW WHITAKER HILL WAY  
BRISTOL, FL 32321 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 FOSTER, DANA L  
Address 13333 NW WHITAKER HILL WAY  
City-State-Zip: BRISTOL FL 32321

Title MGRM  
Name BRANCH, SHERRIE L  
Address 13458 NW WHITAKER BRANCH TRL.  
City-State-Zip: BRISTOL FL 32321

*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:** DANA L. FOSTER

**MANAGING MEMBER**

**03/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date