

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000011204

**Entity Name:** NATURE'S WAY ORGANIC SALON LLC

**Current Principal Place of Business:**

4620 E. SILVER SPRINGS BLVD.  
502  
OCALA, FL 34470

**Current Mailing Address:**

4620 E. SILVER SPRINGS BLVD.  
502  
OCALA, FL 34470

**FEI Number:** 27-4687536

**Certificate of Status Desired:** No

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

DANIEL, GONNSEN C  
3918 S.E. 10TH LANE  
OCALA, FL 34471 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 GONNSEN, THERESA E  
Address 3918 S.E. 10TH LANE  
City-State-Zip: Ocala FL 34471

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THERESA GONNSEN

**REGISTERED AGENT**

**01/27/2013**

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

\_\_\_\_\_  
Date