

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000035813

**Entity Name:** HERBAMEDICA INTL., LLC

**Current Principal Place of Business:**

21301 SOUTH TAMIAMI TRAIL  
SUITE#320 PMB 117  
ESTERO, FL 33928

**Current Mailing Address:**

21301 SOUTH TAMIAMI TRAIL  
SUITE#320 PMB 117  
ESTERO, FL 33928 US

**FEI Number:** 32-0336686

**Certificate of Status Desired:** No

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

BIGELEISEN, STAN  
21301 S. TAMIAMI TRAIL, SUITE 320  
PMB 131  
ESTERO, FL 33928 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 LAMOUREUX, RAYMOND  
Address 138 DES ORMES OUEST  
City-State-Zip: ST-PHILIPPE QUEBEC JOL 2KO

Title RA  
Name BIGELEISEN, STAN M  
Address 21301 SOUTH TAMIAMI TRL #320 PMB  
131  
City-State-Zip: ESTERO FL 33928

*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:** STAN BIGELEISEN

R.A.

03/22/2013

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

\_\_\_\_\_  
Date