

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000148309

Entity Name: HERBALS CLUB LLC

Current Principal Place of Business:

1711 LAKESIDE DR.
UNIT 4.
SAINT AUGUSTINE, FL 32084

Current Mailing Address:

1711 LAKESIDE DR.
UNIT 4.
SAINT AUGUSTINE, FL 32084 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAREY, MORROW A
1711 LAKESIDE AVE
UNIT 4
SAINT AUGUSTINE, FL 32084 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: CAREY MORROW

08/07/2013

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name COLLINS, NICK
Address 1715 LAKESIDE AVE
4
City-State-Zip: SAINT AUGUSTINE FL 32084

Title PRESIDENT
Name MORROW, CAREY A
Address 22 LEE DR.
City-State-Zip: SAINT AUGUSTINE FL 32080

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: CAREY ANN MORROW

PRESIDENT

08/07/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date