

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000074427

**Entity Name:** VOLCANICSOUL USA, PLLC

**Current Principal Place of Business:**

180 MAGNOLIA WOODS COURT #16D  
P.O.B4120  
ENTERPRISE, FL 32725

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC6344948597**

**Current Mailing Address:**

180 MAGNOLIA WOODS COURT #16D  
P.O.B4120  
ENTERPRISE, FL 32725

**FEI Number: 46-3227725**

**Certificate of Status Desired: Yes**

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

CORPORATION SERVICE COMPANY  
1201 HAY STREET  
TALLAHASSEE, FL 32301 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	Title	DIRECTOR
Name	BERNARD, GEORGE	Name	BERNARD, GEORGE B
Address	180 MAGNOLIA WOODS COURT #16D P.O.B4120	Address	180 MAGNOLIA WOODS COURT #16D P.O.B4120
City-State-Zip:	ENTERPRISE FL 32725	City-State-Zip:	ENTERPRISE FL 32725

*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: GEORGE B BERNARD**

**DIRECTOR**

**04/30/2014**

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

\_\_\_\_\_  
Date