

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000047169

**Entity Name:** NATURAL SOLUTION LLC

**Current Principal Place of Business:**

7065 WESTPOINTE BLVD  
# 304  
ORLANDO, FL 32835

**Current Mailing Address:**

7065 WESTPOINTE BLVD  
# 304  
ORLANDO, FL 32835 US

**FEI Number:** 38-3927203

**Certificate of Status Desired:** No

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

US TAX CONSULTING INC  
5401 S. KIRKMAN RD.  
STE # 135  
ORLANDO, FL 32819 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 AMGR  
Name GOMES, VOLTAIRE C  
Address AV. IJUI 560 APTO 304, PETROPOLIS  
City-State-Zip: PORTO ALEGRE RS 90460-200

Title AMBR  
Name GONCALVES, ELIANE  
Address AV. IJUI 560 APTO 304, PETROPOLIS  
City-State-Zip: PORTO ALEGRE RS 90460-200

Title AMBR  
Name GONCALVES GOMES, MARCELO F  
Address RUA MARQUES DO POMBAL, 1710 SL  
601  
City-State-Zip: PORTO ALEGRE RS 90540-000

Title AMBR  
Name GOMES DE OLIVEIRA, ANDREA  
Address AV IJUI 560 APTO 304  
City-State-Zip: PORTO ALEGRE RD 90460-200 BR

*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:** GOMES DE OLIVEIRA , ANDREA

AMBR

01/25/2019

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

\_\_\_\_\_  
Date