

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000417864

**Entity Name:** THE NATURE FEELS COMPANY LLC

**Current Principal Place of Business:**

1150 NW 72ND AVE TOWER  
455 #7823  
MIAMI, FL 33126

**Current Mailing Address:**

2741 NORTH PINE ISLAND ROAD  
309  
SUNRISE, FL 33322 US

**FEI Number:** 96-0466115

**Certificate of Status Desired:** No

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

RAWLS, SHAYLA  
2741 NORTH PINE ISLAND ROAD  
309  
SUNRISE, FL 33322 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            AMBR  
Name            RAWLS, SHAYLA  
Address        2741 NORTH PINE ISLAND ROAD #309  
City-State-Zip:    SUNRISE FL 33322

Title            AMBR  
Name            FRIDAY, ELIJAH  
Address        9816 NORTHWEST 5TH COURT  
City-State-Zip:    PLANTATION FL 33324

*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:** ELIJAH FRIDAY

AMBR

04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date