

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90149 006 \*\*\*\*50.00

**DOCUMENT # L01000006633**

1. Entity Name

**NATURAL GROWTH, LLC**

Principal Place of Business

**3231 S.W. 44TH STREET  
 FORT LAUDERDALE FL 33312-6930**

Mailing Address

**3231 S.W. 44TH STREET  
 FORT LAUDERDALE FL 33312-6930**

**86143**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1113992**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required.**

6. Name and Address of Current Registered Agent

**ROBERT A WHITE, P.A.  
 1401 UNIVERSITY DRIVE  
 STE 600  
 CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 SPENGLER, NELLY P  
 3231 SW 44TH STREET  
 FORT LAUDERDALE FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 SPENGLER, CRAIG B  
 3231 SW 44TH STREET  
 FORT LAUDERDALE FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

**SIGN NELY P. SPENGLER**

**4/10/2002 9849874657**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)