2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
01-28-2002 90022 008 ****50.00

17485

DOCUMENT # L01000009950

1. Entity Name
NATURALLY YOURS, LLC

Principal Place of Business	Mailing Address
3385 WEST HILLSBORO BLVD. DEERFIELD BEACH FL 33442	3385 WEST HILLSBORO BLVD. DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
107 N. POWERLINE RD	107 N. POWERLINE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DEER FIELD BEACH	City & State: DEERFIELD BEACH
Zip: FL — Country: USA	Zip: FL — Country: USA

4. FEI Number 65-1117272. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR KOUTNY, MAX W 3385 WEST HILLSBORO BLVD. DEERFIELD BEACH FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KOUTNY, MAX W. 107 N. POWERLINE RD DEERFIELD BEACH FL 33442	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

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: SIGNATURE REQUIRED — 18 Jan 2002 — 954 426 6488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #