

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90012 019 \*\*\*\*50.00

**DOCUMENT # L02000020416**

1. Entity Name  
**NATURAL HEALTH CONSULTING, LLC**



Principal Place of Business  
**5418 LAKEWOOD ROAD  
SEBRING, FL 33875**

Mailing Address  
**5418 LAKEWOOD ROAD  
SEBRING, FL 33875**

**24069932**



2. Principal Place of Business

**239 North Franklin St**

3. Mailing Address

**239 North Franklin St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05042004 Chg-LLC CR2E083 (10/03)

City & State

**Sebring FL**

City & State

**Sebring FL**

4. FEI Number

**01-0740183**

Applied For

Not Applicable

Zip  
**33870**

Country  
**USA**

Zip  
**33870**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERTSON, JAMES O  
5418 LAKEWOOD ROAD  
SEBRING, FL 33875**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
ROBERTSON, JAMES O  
5418 LAKEWOOD ROAD  
SEBRING, FL 33875** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
ROBERTSON, MELANIE  
5418 LAKEWOOD ROAD  
SEBRING, FL 33875** ☐ Delete

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

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

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

Date

Daytime Phone #

*Melanie M. Robertson*

*McLaine Robertson*

*05/7/04*

*863/314-8482*