

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020416

**FILED**  
**Jan 13, 2007**  
**Secretary of State**

**Entity Name:** NATURAL HEALTH CONSULTING, LLC

**Current Principal Place of Business:**

239 NORTH FRANKLIN ST  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

239 NORTH FRANKLIN ST  
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** 01-0740183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBERTSON, JAMES O  
Address: 5418 LAKEWOOD ROAD  
City-St-Zip: SEBRING, FL 33875

Title: MGRM ( ) Delete  
Name: ROBERTSON, MELANIE  
Address: 5418 LAKEWOOD ROAD  
City-St-Zip: SEBRING, FL 33875

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** MELANIE M. ROBERTSON

MGRM

01/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date