

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90001 016 \*\*\*\*50.00

DOCUMENT # L02000032834

1. Entity Name

OAK HILL BOTANICALS, L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4935 Waverly Woods

Suite, Apt. #, etc.

3. Mailing Address

4935 Waverly Woods

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Worth Fla.

City & State

Lake Worth Fla.

4. FEI Number

43-1987068

Applied For

Not Applicable

Zip

33463

Country

USA

Zip

33463

Country

USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Michael J. Kastenholz

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

4935 Waverly Woods

City

Lake Worth

FL

Zip Code

33463

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

Kathleen M. Kastenholz

02/11/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President mmm  
Kathleen M. Kastenholz  
4935 Waverly Woods terrace  
Lake Worth Fla 33463

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary mmm  
Michael J. Kastenholz  
4935 Waverly Woods terrace  
Lake Worth Fla. 33463

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

CR2E083B (12/02)

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:

Kathleen M. Kastenholz

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

02/11/03 561-436-6534

Date

Daytime Phone #