2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025502 1. Entity Name
THE NATURAL VET, L.L.C.

Principal Place of Business

101 ROSEHILL LANE UNICOL TN 37692

Malling Address PO BOX 429

UNICOI, TN 37692

FILED Apr 17, 2006 08:00 AM Secretary of State



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03272006 Na Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2116631

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAXLEY, MILTON H II 1929 N.W. 12TH TERRACE GAINESVILLE, FL 32609

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	ove named entity submits this statement for the purpose of chain gations of registered agent.	inging its registered office or registered agent, or bo	oth, in the State of	Florida. I am familiar with, s	and accept
		}	. ,		
SIGNATUR	3F	<u></u>			
0.0.0	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 May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS				
THLE	MGRM	,			

MOORE, JESSIE 103 SUNSET DR STREET ADDRESS CITY-ST-ZIP UNICOI, TN 37692 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE

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11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

NAME STREET ADDRESS CITY-ST-ZIP

> Jussi1 Moone SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #