

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90070 005 ****55.00

DOCUMENT # L03000025502			
1. Entity Name THE NATURAL VET, L.L.C.			
Principal Place of Business 101 ROSEHILL LANE UNICOI, TN 37692		Mailing Address PO BOX 429 UNICOI, TN 37692	
2. Principal Place of Business - No P.O. Box # 36 SCHINDLE PATH		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Wildwood, Florida		City & State Wildwood, Florida	
4. FEI Number 52-2116631		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		04252007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BAXLEY, MILTON H II 1929 N.W. 12TH TERRACE GAINESVILLE, FL 32609		7. Name and Address of New Registered Agent Name: Steven Marsh Street Address (P.O. Box Number is Not Acceptable): 36 SEMINOLE PATH City: Wildwood FL Zip Code: 34785	
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: Steven Marsh DATE: 4-25-07			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, JESSIE 103 SUNSET DR UNICOI, TN-37692 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JESSIE MOORE 36 SCHINDLE PATH WILDWOOD, FLORIDA 34785 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby 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: <u>Jessie Moore</u>		Date: <u>4/25/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	