2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 24, 2007
Secretary of State

DOCUMENT# L04000029595

Entity Name: NATURAL EXPERIENCE, LLC

Current Principal Place of Business:

6441 NORTH WEST 29 COURT
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

6441 NORTH WEST 29 COURT
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 52-2442086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WHEBY, MAGARET D
6441 NORTH WEST 29 COURT
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

WHEBY, MARGARET D
6441 NORTH WEST 29 COURT
SUNRISE, FL 33313 US

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: MARGARET WHEBY 09/24/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WHEBY, MARGARET D
Address: 6441 NORTH WEST 29 COURT
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: MARGARET WHEBY MGRM 09/24/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date