

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000082986

1. Entity Name
NATURE-ALL, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT -5 AM 8:14

Principal Place of Business
13803 PATHFINDER DRIVE
TAMPA, FL 33625

Mailing Address
13803 PATHFINDER DRIVE
TAMPA, FL 33625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09222005 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, MARIA C
13803 PATHFINDER DRIVE
TAMPA, FL 33625

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/27/05

FILE NOW!!! FEE IS \$50.00

After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
RODRIGUEZ, MARIA C
13803 PATHFINDER DRIVE
TAMPA, FL 33625

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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REINSTATEMENT 2005

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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 stated 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:

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

Date

Daytime Phone #

Maria Rodriguez Maria Rodriguez 9/27/05 813-245-9943