

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085161

Entity Name: NATURAL SOLUTIONS, LLC

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

1271-69TH. STREET NORTH
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

1271-69TH. STREET NORTH
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FITZGERALD, JOHN
6450 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: IS () Delete
Name: FITZGERALD, ASHLIEBETH
Address: 1271-69TH. STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MS (X) Change () Addition
Name: FITZGERALD, ASHLIEBETH
Address: 1271-69TH. STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: MR () Change (X) Addition
Name: FITZGERALD, DAVID R
Address: 1271-69 ST. N.
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: MR () Change (X) Addition
Name: FITZGERALD, JOHN J
Address: 1271-69 ST. N.
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: MS () Change (X) Addition
Name: FITZGERALD, RUTH M
Address: 1271-69 ST. N.
City-St-Zip: SAINT PETERSBURG, FL 33710

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: DAVID FITZGERALD

MR

04/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date