

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085161

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: NATURAL SOLUTIONS, LLC

**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 ( )

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

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

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

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

**ADDITIONS/CHANGES:**

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

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

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

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: A. FITZGERALD

MS

04/30/2009

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