

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085161

Entity Name: NATURAL SOLUTIONS, LLC

FILED  
Apr 19, 2011  
Secretary of State

**Current Principal Place of Business:**

1444-70TH STREET NORTH  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

1444-70TH. 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  
Name: FITZGERALD, ASHLIEBETH  
Address: 1444-70TH. STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: MR  
Name: FITZGERALD, DAVID R  
Address: 1444-70TH. ST. N.  
City-St-Zip: SAINT PETERSBURG, FL 33710

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

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

I hereby 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: JOHN J FITZGERALD

MGR

04/19/2011

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