

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021619

Entity Name: LABELLE BOTANICS LLC

FILED
Jul 22, 2008
Secretary of State

Current Principal Place of Business:

20955 MARSHALL FIELD ROAD
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

PO BOX 1608
LABELLE, FL 33975

New Mailing Address:

FEI Number: 20-2409143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WANZER, CHARLES H
20955 MARSHALL FIELD ROAD
LABELLE, FL 33935 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: MGRM () Delete
Name: GREGG, FREDERICK B JR
Address: 2751 NUTRA LANE
City-St-Zip: EUSTIS, FL 32726

Title: MGRM () Delete
Name: BOTANICS, INC,
Address: 964 CLARENCE NEWTON ROAD
City-St-Zip: BLOWING ROCK, NC 28605

Title: MGR () Delete
Name: WANZER, CHARLES H
Address: 964 CLARENCE NEWTON ROAD
City-St-Zip: BLOWING ROCK, NC 28605

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: U S NUTRACEUTICALS, LLC
Address: 2751 NUTRA LANE
City-St-Zip: EUSTIS, FL 32726

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: CHARLES H WANZER

MGRM

07/22/2008

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