

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000021619

**Entity Name:** LABELLE BOTANICS LLC

**FILED**  
**Mar 08, 2010**  
**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 ( )**

**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  
Name: U S NUTRACEUTICALS LLC  
Address: 2751 NUTRA LANE  
City-St-Zip: EUSTIS, FL 32726

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

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

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: CHARLES H WANZER

MGR

03/08/2010

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