2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# L05000070309

Entity Name: NATIONAL FRUIT & ESSENCES LLC

Current Principal Place of Business:

11023 MILL CREEK WAY, UNIT 703
FT. MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

11023 MILL CREEK WAY, UNIT 703
FT. MYERS, FL 33913

New Mailing Address:

FEI Number: 20-3312169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEDORE, KATHLEEN
11023 MILL CREEK WAY, UNIT 703
FT. MYERS, FL 33913 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: MEDORE, KATHLEEN
Address: 11023 MILL CREEK WAY, UNIT 703
City-St-Zip: FT. MYERS, FL 33913

Title: MGRM ( ) Delete
Name: MEDORE, JOLEEEN A
Address: 11023 MILL CREEK WAY, UNIT 703
City-St-Zip: FT. MYERS, FL 33913

Title: MGRM ( ) Delete
Name: MEDORE, VICTOR J
Address: 11023 MILL CREEK WAY, UNIT 703
City-St-Zip: FT. MYERS, FL 33913

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MEDORE, KATHLEEN M
Address: 11023 MILL CREEK WAY, UNIT 703
City-St-Zip: FT. MYERS, FL 33913

Title: MGRM (X) Change ( ) Addition
Name: MEDORE, JOLEEEN A
Address: 6739 E. DOUGLAS PARK DRIVE
City-St-Zip: HUNTERSVILLE, NC 28078

Title: MGRM (X) Change ( ) Addition
Name: MEDORE, VICTOR J
Address: 101 HOPE ROAD
City-St-Zip: BLAIRSTOWN, NJ 07825

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: KATHLEEN M MEDORE PRES 01/04/2008

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