

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111407

Entity Name: NATURAL SWEETS, LLC

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

8200 NW 52ND TER., SUITE 104
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

8200 NW 52ND TER., SUITE 104
DORAL, FL 33166

New Mailing Address:

FEI Number: 20-3812322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABANAS & ASSOCIATES, P.A.
10520 NW 26TH STREET, SUITE C201
DORAL, FL 33172 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: MGR () Delete
Name: TORRES, GUILLERMO J
Address: 8200 NW 52ND TER., SUITE 104
City-St-Zip: DORAL, FL 33166

Title: MGR () Delete
Name: TORRES, MARGGI K
Address: 8200 NW 52ND TER., SUITE 104
City-St-Zip: DORAL, FL 33166

ADDITIONS/CHANGES:

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: GUILLERMO TORRES

MR.

01/12/2009

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