## 2007 LIMITED LIABILITY COMPANY

## Apr 27, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000040837 1-27-2007 90038 006 \*\*\*\*50 00 NATIVE SUN NATURAL FOODS OF MANDARIN, LLC Principal Place of Business Mailing Address 10000 SAN JOSE BLVD. P.O. BOX 56227 60042595 JACKSONVILLE, FL 32241 JACKSONVILLE, FL 32257 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 76-082585 Not Applicable \$5.00 Additional Zip Country Ζiρ Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOTTLIEB, AARON D Street Address (P.O. Box Number is Not Acceptable) 10000 SAN JOSE BLVD. JACKSONVILLE FL 32257 City Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES PID TITLE ☐ Delete TITLE ☐ Change ▼ Addition GOTTLIEB, AARON D NAME NAME 10000 SAN JOSE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACHSONVILLE, FL 32257 VSD Delete ☐ Change Addition TITLE TITLE GOTTLIEB, ERICA R 10000 SAN JOSE BLYD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32257 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI E TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 true empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AARON D

FILED