

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040905

FILED
Mar 21, 2009
Secretary of State

Entity Name: NATIVE SUN NATURAL FOODS OF BAYMEADOWS, LLC

Current Principal Place of Business:

10000 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257

New Principal Place of Business:

11030 BAYMEADOWS ROAD
JACKSONVILLE, FL 32256

Current Mailing Address:

POST OFFICE BOX 56227
JACKSONVILLE, FL 32241

New Mailing Address:

11030 BAYMEADOWS ROAD
JACKSONVILLE, FL 32256

FEI Number: 76-0825852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOTTLIEB, AARON D
10000 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257 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: PTD () Delete
Name: GOTTLIEB, AARON D
Address: 10000 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257

Title: VSD () Delete
Name: GOTTLIEB, ERICA R
Address: 10000 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32257

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: AARON D. GOTTLIEB

PTD

03/21/2009

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