

L06000045024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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*JK*  
*6/5/07*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2007

DEANNA B. BARRINGTON  
182 Highbrooke Blvd.  
OCFEE, FL 34761

SUBJECT: MOTHER NATURE'S DIET, LLC  
Ref. Number: L06000045024

We have received your document for MOTHER NATURE'S DIET, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 507A00035756

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mother Nature's Diet  
(Name of Corporation)

**DOCUMENT NUMBER:** L06000045024

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

**Deanna B. Barrington**  
(Name of Contact Person)

**Mother Nature's Diet**  
(Firm/Company)

**182 Highbrooke Blvd**  
(Address)

**Ocoee Florida 34761**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Deanna B. Barrington** at (407) 905-5267  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

~~Mailing Address:~~  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

~~Street Address:~~  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2001 JUN -5 P 2:43

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mother Nature's Diet  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deanna B. Barrington  
(Name of Person)

Mother Nature's Diet  
(Firm/Company)

182 Highbrooke Blvd.  
(Address)

Ocoee Florida 34761  
(City/State and Zip Code)

2001 JUN -5 P 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Deanna Barrington at (407) 905-5267  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

Pd \$25.00

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Mother Nature's Diet
2. The mailing address of the limited liability company is: 182 Highbrooke Blvd, Ocoee Florida 34761  
51012006 LO6000045024
3. Date of filing/registration in Florida
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Deanna B. Barrington  
Name  
5858 Lakehurst Drive  
Address  
Ocoee Florida 34761  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Deanna B. Barrington  
Name  
182 Highbrooke Blvd  
Florida street address (P.O. Box NOT acceptable)  
Ocoee FL 34761  
City, State and Zip

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TALLAHASSEE, FLORIDA  
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Deanna Barrington  
(Signature of a member or authorized representative of a member)

Deanna Barrington  
(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Deanna Barrington  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00