# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 02, 2008**
**Secretary of State**

DOCUMENT# L06000056783

**Entity Name:** FOUND IN NATURE, LLC

**Current Principal Place of Business:**

108 ARCHWOOD AVE
ANNAPOLIS, MD 21401 US

**New Principal Place of Business:**

16166 SPRING GARDEN
ST. JOHN, VI 00830 US

**Current Mailing Address:**

108 ARCHWOOD AVE
ANNAPOLIS, MD 21401 US

**New Mailing Address:**

16166 SPRING GARDEN
ST. JOHN, VI 00830 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JONES, AMELIA M
117 SE WESTMINSTER PL
STUART, FL 34997 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: JONES, AMELIA
Address: 108 ARCHWOOD AVE
City-St-Zip: ANNAPOLIS, MD 21401 US

Title: MGRM ( ) Delete
Name: JONES, STEPHEN
Address: 108 ARCHWOOD AVE
City-St-Zip: ANNAPOLIS, MD 21401 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: JONES, AMELIA
Address: 16166 SPRING GARDEN
City-St-Zip: ST. JOHN, VI 00830 US

Title: MGRM (X) Change ( ) Addition
Name: JONES, STEPHEN
Address: 16166 SPRING GARDEN
City-St-Zip: ST. JOHN, VI 00830 US

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: AMELIA M. JONES MRS 04/02/2008

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