

FILED
Jun 05, 2007 8:00 am
Secretary of State

05-02-2007 90360 038 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

30009906

DOCUMENT # L06000058020			
1. Entity Name NATURALTRADES LLC			
Principal Place of Business 12288 N.W. 106 COURT MEDLEY, FL 33178 <i>555 N.E. 15th Street Suite 200 HIA MI - FL - 33132</i>		Mailing Address 12288 N.W. 106 COURT MEDLEY, FL 33178	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04232007 Chg-LLC CR2E083 (12/06)		4. FEI Number <i>20-5004849</i>	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent NUNEZ, LUIS F 12288 N.W. 106 COURT MEDLEY, FL 33178 <i>555 N.E. 15th Street Suite 200 Miami FL - 33132</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Luis Fernando Nunez</i> DATE <i>4/26/07</i> (NOTE: Registered Agent Signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NUNEZ, LUIS F 12288 N.W. 106 COURT MEDLEY, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGRM Nunez Luis F. 555 N.E. 15th Street Suite 200 HIA MI - FL - 33132</i> ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHACON, CARMEN E 12288 N.W. 106 COURT MEDLEY, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGRM Chacon Carmeny 555 N.E. 15th Street Suite 200 Miami FL - 33132</i> ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, RAFAEL 12288 N.W. 106 COURT MEDLEY, FL 33178 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: <i>Luis Fernando Nunez</i> DATE: <i>4/26/07</i> DAYTIME PHONE: <i>305-244-7800</i>			