2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Apr 16, 2007 8:00 am
Secretary of State
04-02-2007 90433 030 ****55.00

DOCUMENT # L06000090643

1. Entity Name

NATURE VALLEY, LLC

Principal Place of Business	Mailing Address
10250 S.W. 56ST C-201 MIAMI FL 33165	10250 S.W. 56ST C-201 MIAMI FL 33165

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. BOX 450706
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: MIAMI, FLA.
Zip / Country	Zip: 33245 / Country: UNITED STATES

4. FEI Number 20-5604778 56-2508265 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, ALDO ISMAEL 10250 S.W. 56ST C-201 MIAMI FL 33165	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 _____ 2/23/2007.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RUBINSKY, ISMAEL 275 WEST 96 BROADWAY NEW YORK NY 10025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CORREA, BEATRIZ 5842 S.W. 149TH AVE MIAMI FL 33193	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MAHINO, LOUIS A 25 WOODLAND DRIVE WOODCLIFF LAKE NJ 07677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CRUZ, FATIMA R. JOSE CASSIANO 54, BELLA VISTA COREIDRO POLIS, SAO PAULO	☐ 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 Section 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: _____ 2/23/2007 (305) 389-0036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #