## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 05, 2007 8:00 am Secretary of State **DOCUMENT # L06000101043** 04-05-2007 90023 004 \*\*\*\*55.00 A NATURAL APPROACH TO MENOPAUSE L.L.C. Principal Place of Business Mailing Address 60032323 15021 S.W. 13TH COURT 15021 S.W. 13TH COURT SUNRISE, FL 33326 SUNRISE, FL 33326 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022007 Cha-LLC CR2E083 (12/06) # FEI Number EIN 20-8144907 City & State City & State Applied For Not Applicable Zip Žip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRIED, JOANNE Street Address (P.O. Box Number is Not Acceptable) 10801 SW 51ST COURT FT. LAUDERDALE, FL: 33328 $\supset \cup \cup$ City 8. The above named entity submits this st nt 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 obligation SIGNATURE gent and title if applicable (NOTE: Registered Agent signature required when reinstating) Fillng Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ПΠЕ TITLE Change ☐ Addition ☐ Delete Mellen, Deborah MELLEN, DEBBIE NAME NAME STREET ADDRESS 15021 S.W. 13TH COURT STREET ADDRESS SUNRISE, FL 33326 CITY-ST-ZIP C/TY-ST-ZIP TITLE ☐ Defete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Millen (April 2, 2007) SIGNATURE: