## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000104310

Entity Name: NATIVE REMEDIES, LLC

City-St-Zip:

BOCA RATON, FL 33431

FILED May 01, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2061 N.W. 2ND AVE., SUITE 106 BOCA RATON, FL 33431 **Current Mailing Address: New Mailing Address:** 2061 N.W. 2ND AVE., SUITE 106 BOCA RATON, FL 33431 FEI Number: 03-0482250 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATE ACCESS, INC. 236 E. 6TH AVE. TALLAHASSEE, FL 32303 US 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete LUNTZ, GEORGE Name: Name: Address: 2061 N.W. 2ND AVE., SUITE 106 Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: LUNTZ, ADRIENNE Name: Address: 2061 N.W. 2ND AVE., SUITE 106 Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LUNTZ, DEAN Name: Name: 2061 N.W. 2ND AVE., SUITE 106 Address: Address:

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.

City-St-Zip:

SIGNATURE: GEORGE LUNTZ MGR 05/01/2007