2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# L06000104310

Entity Name: NATIVE REMEDIES, LLC

Current Principal Place of Business:

6531 PARK OF COMMERCE BLVD
SUITE 160
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6531 PARK OF COMMERCE BLVD
SUITE 160
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 03-0482250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE ACCESS, INC.
236 E. 6TH AVE.
TALLAHASSEE, FL 32303 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:	MGR	( ) Delete
Name:	LUNTZ, GEORGE	
Address:	6531 PARK OF COMMERCE BLVD, SUITE 160	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	MGRM	( ) Delete
Name:	LUNTZ, ADRIENNE	
Address:	6531 PARK OF COMMERCE BLVD, SUITE 160	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	MGRM	( ) Delete
Name:	LUNTZ, DEAN	
Address:	6531 PARK OF COMMERCE BLVD, SUITE 160	
City-St-Zip:	BOCA RATON, FL 33487	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: GEORGE LUNTZ MGR 03/26/2009

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