2007 LIMITED LIABILITY COMPANY

Feb 14, 2007 8:00 am **Secretary of State ANNUAL REPORT** DOCUMENT # L06000107883 02-14-2007 90218 004 ****50.00 1. Entity Name NATÚRE INVESTMENTS, LLC Principal Place of Business Mailing Address G0015447 9747 SCENIC HIGHWAY 9747 SCENIC HIGHWAY PENSACOLA, FL 32514 PENSACOLA, FL 32514 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072007 CR2E083 (12/06) Chg-LLC City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip 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 BRUCE, STANLEY D Street Address (P.O. Box Number is Not Acceptable) 9747 SCENIC HIGHWAY PENSACOLA, FL 32514 City 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, typed or printed name of registered agent and title if applicable. DATE (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 41 . 15345 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITLE Change Addition TITLE ☐ Delete MERCER, JOSEPH É NAME NAME STREET ADDRESS STREET ADDRESS 7050 PENSCOLA BLVD PENSACOLA, FL 32505 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition MGRM ☐ Defete TITLE TITLE BRUCE, STANLEY D NAME NAME STREET ADDRESS STREET ADDRESS 9747 SCENIC HIGHWAY CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32514 ☐ Change Addition MGRM ☐ Delete TITLE TITLE BRUCE, MARY B NAME NAME STREET ADDRESS 9747 SCENIC HIGHWAY STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32514 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change FREEMAN, PAUL NAME NAME 203 DOWNSHILL CIRCLE STREET ADDRESS STREET ADDRESS NICEVILLE, FL 32538 CITY-ST-7IP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE MGRM FREEMAN, JOAN NAME NAME 203 DOWNSHILL CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NICEVILLE, FL 32538

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is triba 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 ecceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

FILED