2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 17, 2008 8:00 am Secretary of State DOCUMENT # L07000014147 1. Entity Name NATURAL TRANSFORMATIONS LLC 04-17-2008 90166 005 ***138.75 Principal Place of Business Mailing Address 544 46TH AVENUE N 544 46TH AVENUE N ougg4096 ST. PETERSBURG, FL 33703 ST. PETERSBURG, FL 33703 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-8408548 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A1A REGISTERED AGENT INC. Street Address (P.O. Box Number is Not Acceptable) 5647 110TH AVE. NORTH ROYAL PALM BEACH, FL 33411-0000 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Addition 🔲 Delete THUE ☐ Change VALDEBENITO, CHERYL NAME NAME STREET ADDRESS 544 46TH AVENUE N STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33703 CITY-ST-ZIP TITLE ☐ Delete ТПІЕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Cheryl

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE