

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000053074

1. Entity Name
AMBROSIA NATURAL HEALTH PRODUCTS, LLC



Principal Place of Business
4635 MIRABELLA CT.
ST. PETE BEACH, FL 33706

Mailing Address
4635 MIRABELLA CT.
ST. PETE BEACH, FL 33706

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112008 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, ARLENE
4635 MIRABELLA CT.
ST. PETE BEACH, FL 33706

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instantiating)

DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
COHEN, ARLENE
4635 MIRABELLA CT.
ST. PETE BEACH, FL 33706

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

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.

SIGNATURE: *Arlene Cohen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/11/08

(727)
360-2226