

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066815

FILED
Jan 05, 2008
Secretary of State

Entity Name: NATURAL ANIMAL WELLNESS LLC

Current Principal Place of Business:

5213 MAGHELLAN WAY WEST
DELRAY BEACH, FL 33484

New Principal Place of Business:

5213 MAGELLAN WAY WEST
DELRAY BEACH, FL 33484

Current Mailing Address:

5213 MAGHELLAN WAY WEST
DELRAY BEACH, FL 33484

New Mailing Address:

5213 MAGELLAN WAY WEST
DELRAY BEACH, FL 33484

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RINE, MICHELLE
5213 MAGHELLAN WAY WEST
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

RINE, MICHELLE
5213 MAGELLAN WAY WEST
DELRAY BEACH, FL 33484 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:

01/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RINE, MICHELLE
Address: 5213 MAGHELLAN WAY WEST
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RINE, MICHELLE
Address: 5213 MAGELLAN WAY WEST
City-St-Zip: DELRAY BEACH, FL 33484

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: MICHELLE RINE

MGRM

01/05/2008

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