

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076620

Entity Name: NATURE'S PROVIDER, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

490 GARDEN ST, UNIT A
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

490 GARDEN ST, UNIT A
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 77-0694296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUHN, KIM A
7 INDIAN RIVER AVE, #1002
TITUSVILLE, FL 32796 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: MGRM () Delete
Name: KUHN, KIM A
Address: 7 INDIAN RIVER AVE, #1002
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES:

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: KIM A KUHN

MGRM

04/29/2009

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