2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# L07000088124

Entity Name: NATURALLY PERFECT LLC

Current Principal Place of Business:

1045 FOGGY RIDGE PKWY.
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

1045 FOGGY RIDGE PKWY.
LUTZ, FL 33559

New Mailing Address:

FEI Number: 65-1319397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSSELL, CHERYL A
1045 FOGGY RIDGE PKWY.
LUTZ, FL 33559 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: MGR ( ) Delete
Name: CHRISTOPHER, TERRI L
Address: 3775 QUAIL FOREST DR.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGR ( ) Delete
Name: RUSSELL, CHERYL A
Address: 1045 FOGGY RIDGE PKWY
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHERYL A. RUSSELL MGR 01/25/2009

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