

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103307

FILED
Jul 14, 2009
Secretary of State

Entity Name: NATURAL HEALTH NEWS REPORT, LLC

Current Principal Place of Business:

925 SOUTH FEDERAL HIGHWAY SUITE 500
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

925 SOUTH FEDERAL HIGHWAY SUITE 500
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 26-1637700 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROTHMAN, JOEL B ESQ
2300 GLADES ROAD SUITE 500
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

DIGEORGIA, JAMES
925 SOUTH FEDERAL HIGHWAY SUITE 500
BOCA RATON, FL 33432 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: JAMES DIGEORGIA

07/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DIGEORGIA, JAMES
Address: 708 COQUINA WAY
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: MAHONEY, DONALD
Address: 395 NW 53RD CIR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR (X) Delete
Name: LONDON, MICHAEL
Address: 6165 NW 53RD CIR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR (X) Delete
Name: SUE CELL AND ASSOCIATES, LLC
Address: 5381 GRAND PARK PLACE
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: LONDON, MICHAEL
Address: 6165 NW 53RD CIR
City-St-Zip: CORAL SPRINGS, FL 33067

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: JAMES DIGEORGIA

MGMR

07/14/2009

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