

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000113329

Entity Name: PREMIUM NATURALS, LLC

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

12909 N 56TH STREET  
SUITE 301  
TAMPA, FL 33617

## **New Principal Place of Business:**

1523 EL PARDO DRIVE  
TRINITY, FL 34655

## **Current Mailing Address:**

12909 N 56TH STREET  
SUITE 301  
TAMPA, FL 33617

## **New Mailing Address:**

1523 EL PARDO DRIVE  
TRINITY, FL 34655

FEI Number: 26-1483774

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

GAGE, TORREY  
1523 EL PARDO DRIVE  
TRINITY, FL 34655 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  
Name: GAGE, TORREY  
Address: 1523 EL PARDO DRIVE  
City-St-Zip: TRINITY, FL 34655

Title: MGRM  
Name: SETREE, JASON  
Address: 1523 EL PARDO DRIVE  
City-St-Zip: TRINITY, FL 34655

I hereby 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: TORREY GAGE

MGRM

04/19/2011

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