

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000125957

**FILED**  
**Jul 27, 2012**  
**Secretary of State**

**Entity Name:** PLP NATURAL PRODUCTS LLC

**Current Principal Place of Business:**

953 NORTHWEST 3RD AVENUE, STE. 11  
FLORIDA CITY, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

953 NORTHWEST 3RD AVENUE, STE. 11  
FLORIDA CITY, FL 33034

**New Mailing Address:**

**FEI Number:** 30-0455916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PORTER, LORI  
95510 OVERSEAS HWY  
KEY LARGO, FL 33037 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:** PORTER, LORI  
**Address:** 95510 OVERSEAS HWY  
**City-St-Zip:** KEY LARGO, FL 33037

**Title:** MGR  
**Name:** STOREY, MARIA  
**Address:** 95510 OVERSEAS HIGHWAY  
**City-St-Zip:** KEY LARGO, FL 33037

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:** LORI PORTER

MGRM

07/27/2012

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