

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000046848

**FILED**  
**May 12, 2010**  
**Secretary of State**

**Entity Name:** A NATURAL APPROACH TO WELLNESS, LLC

**Current Principal Place of Business:**

15901 NORTH FLORIDA AVENUE  
LUTZ, FL 33549 US

**New Principal Place of Business:**

**Current Mailing Address:**

15901 NORTH FLORIDA AVENUE  
LUTZ, FL 33549 US

**New Mailing Address:**

**FEI Number:** 26-2577958      **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:**

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

JOHN H. RAINS III, P.A.  
501 EAST KENNEDY BOULEVARD  
SUITE 750  
TAMPA, FL 33602 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MUCHMORE, LAURA  
**Address:** 15901 NORTH FLORIDA AVENUE  
**City-St-Zip:** LUTZ, FL 33549 US

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: LAURA MUCHMORE

MRS

05/12/2010

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