

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000064428

FILED
Apr 30, 2009
Secretary of State

Entity Name: NATURE'S OWN PHARMACY LLC

Current Principal Place of Business:

3351 SE 186 AVE.
MORRISTON, FL 32207 US

New Principal Place of Business:

4451 SE 18 AVE.
MORRISTON, FL 32207 US

Current Mailing Address:

3351 SE 186 AVE.
MORRISTON, FL 32207 US

New Mailing Address:

8131 VINELAND AVE
ORLANDO, FL 32821 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

L.T.S.C., LLC
28 W. PARK AVE.
LAKE WALES, FL 33853 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: DAVID, SHEPARD
Address: 8131 VINELAND AVE
City-St-Zip: ORLANDO, FL 32821

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: DAVID SHEPARD

MANG

04/30/2009

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