

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000064428

**FILED**  
**Oct 22, 2010**  
**Secretary of State**

**Entity Name:** NATURE'S OWN PHARMACY LLC

**Current Principal Place of Business:**

9245 LAGUNA SPRINGS DR. SUITE 200  
ELK GROVE, CA 95788 US

**New Principal Place of Business:**

**Current Mailing Address:**

9245 LAGUNA SPRINGS DR. SUITE 200  
ELK GROVE, CA 95788 US

**New Mailing Address:**

**FEI Number:** 27-1548668

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, ALEX  
18437 VINE LAND RD  
ORLANDO, FL 32821 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: ALEX DAVIS

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WRIGHT, TOM  
Address: 9245 LAGUNA SPRINGS DR. SUITE 200  
City-St-Zip: ELK GROVE, CA 95788 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: TOM WRIGHT

MGRM

10/22/2010

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