2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L08000100080

Entity Name: NATURAL HIGH ENTERPRISES, LLC

Current Principal Place of Business:

173 SABAL LAKE DRIVE
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

173 SABAL LAKE DRIVE
NAPLES, FL 34104 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MILES, SCOTT
173 SABAL LAKE DRIVE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

MILES, SCOTT F
173 SABAL LAKE DRIVE
NAPLES, FL 34104 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: SCOTT F. MILES 04/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MONS, CHRIS
Address: 13300 ATLANTIC BLVD APT 313
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGRM ( ) Delete
Name: MILES, MELISSA
Address: 173 SABAL LAKE DRIVE
City-St-Zip: NAPLES, FL 34104 US

Title: MGRM ( ) Delete
Name: MILES, SCOTT
Address: 173 SABAL LAKE DRIVE
City-St-Zip: NAPLES, FL 34104 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MELISSA MILES MGRM 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date