

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000025884

FILED  
Jan 05, 2011  
Secretary of State

Entity Name: YOUR NATURAL HEALTH, LLC

**Current Principal Place of Business:**

734 REGENCY RESERVE CIRCLE 2703  
#2703  
NAPLES, FL 34119

**New Principal Place of Business:**

734 REGENCY RESERVE CIRCLE  
#2703  
NAPLES, FL 34119

**Current Mailing Address:**

734 REGENCY RESERVE CIRCLE 2703  
#2703  
NAPLES, FL 34119

**New Mailing Address:**

734 REGENCY RESERVE CIRCLE  
#2703  
NAPLES, FL 34119

FEI Number: 26-4673978

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GOODWIN, MONICA  
734 REGENCY RESERVE CIRCLE 2703  
#2703  
NAPLES, FL 34119 US

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

GOODWIN, MONICA  
734 REGENCY RESERVE CIRCLE  
#2703  
NAPLES, FL 34119 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: MONICA GOODWIN

01/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GOODWIN, MONICA  
Address: 734 REGENCY RESERVE CIRCLE #2703  
City-St-Zip: NAPLES, FL 34119

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: MONICA GOODWIN

MGRM

01/05/2011

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