

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000025884

FILED
Apr 11, 2012
Secretary of State

Entity Name: YOUR NATURAL HEALTH, LLC

Current Principal Place of Business:

734 REGENCY RESERVE CIRCLE
#2703
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

734 REGENCY RESERVE CIRCLE
#2703
NAPLES, FL 34119

New Mailing Address:

FEI Number: 26-4673978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: DR.
Name: GOODWIN, ALLAN M
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: ALLAN GOODWIN

DR.

04/11/2012

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