

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000035825

FILED
Apr 30, 2010
Secretary of State

Entity Name: NO WORRIES NATURAL MEDICINE, LLC

Current Principal Place of Business:

3010 S. FISKE BLVD.
SUITE A
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 273
MELBOURNE, FL 32902

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:

BOWIE, MARCELA
3010 S. FISKE BLVD.
SUITE A
ROCKLEDGE, FL 32955 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: MGR
Name: BOWIE, MARCELA
Address: P.O. BOX 273
City-St-Zip: MELBOURNE, FL 32902

Title: MGR
Name: BOWIE, GARY
Address: P.O. BOX 273
City-St-Zip: MELBOURNE, FL 32902

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: MARCELA BOWIE

MGR

04/30/2010

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