

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000052468

**Entity Name:** NATURE'S SHADE, LLC

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6120 SR 471  
BUSHNELL, FL 33513

**New Principal Place of Business:**

**Current Mailing Address:**

6120 SR 471  
BUSHNELL, FL 33513

**New Mailing Address:**

**FEI Number:** 27-0251543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STUART, NATALY  
2225 FISHER ISLAND DR  
MIAMI BEACH, FL 33109 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:** STUART, NATALY  
**Address:** 11181 COBBLEFIELD RD  
**City-St-Zip:** WELLINGTON, FL 33449

**Title:** MGR  
**Name:** NATURE'S SHADE, LLC  
**Address:** 6120 SR 471  
**City-St-Zip:** BUSHNELL, FL 33513

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: NATALY STUART

MGRM

04/25/2011

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