

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000064785

Entity Name: NATURAL REMEDIES LLC

**FILED**  
**Jan 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1415 VIA DE PEPI  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

1415 VIA DE PEPI  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

605 NE FRANCESCA LN  
BOCA RATON, FL 33487

FEI Number: 35-2367581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: RICHARDS, CLAUDETTE  
Address: 1415 VIA DE PEPI  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGR  
Name: RICHARDS, DANI K  
Address: 1415 VIA DE PEPI  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: S  
Name: RICHARDS, CLAUDETTE  
Address: 1415 VIA DE PEPI  
City-St-Zip: BOYNTON BEACH, FL 33426

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: CLAUDETTE RICHARDS

MGR

01/17/2010

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