

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000013626

Entity Name: PHARMA NATURE LLC

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3332 NE 190TH STREET  
410  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

3332 NE 190TH STREET  
410  
AVENTURA, FL 33180 US

**New Mailing Address:**

FEI Number: 27-1863031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARBOLEDA, ENDA BUCKE  
3332 NE 190TH STREET  
410  
AVENTURA, FL 33180 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: ARBOLEDA, ENDA BUCKE  
Address: 3332 NE 190TH STREET APT 410  
City-St-Zip: AVENTURA, FL 33180

Title: MGR  
Name: VIZCARDO, ANNABELLA  
Address: 1930 NE 211TH TERRACE  
City-St-Zip: MIAMI, FL 33179 US

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: ENDA BUCKE ARBOLEDA

MGRM

01/03/2012

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