2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# L10000074975

Entity Name: ANCIENT REMEDIES, LLC

Current Principal Place of Business:

90 BEAL PKWY., STE A-1
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

90 BEAL PKWY.NW
SUITE A-1
FORT WALTON BEACH, FL 32548

Current Mailing Address:

90 BEAL PKWY., STE A-1
FORT WALTON BEACH, FL 32548

New Mailing Address:

90 BEAL PKWY.NW
SUITE A-1
FORT WALTON BEACH, FL 32548

FEI Number: 80-0625278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCALLASTER, ALEXANDREA
175 BRYN MAWR BLVD.
MARY ESTHER, FL 32569 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: MCALLASTER, ALEXANDREA
Address: 90 BEAL PKWY., STE A-1
City-St-Zip: FORT WALTON BEACH, FL 32548

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 Statues.

SIGNATURE: ALEXANDREA MCALLASTER MGRM 02/18/2011

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