

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000096641

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** SILVERWIND HERBALS L.L.C.

**Current Principal Place of Business:**

508 LYONS BAY ROAD  
NOKOMIS, FL 34275

**New Principal Place of Business:**

6114 SHEFFIELD LANE  
ENGLEWOOD, FL 34224

**Current Mailing Address:**

508 LYONS BAY ROAD  
NOKOMIS, FL 34275

**New Mailing Address:**

6114 SHEFFIELD LANE  
ENGLEWOOD, FL 34224

**FEI Number:** 80-0640879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ATENCIA FRASER, MINDA  
508 LYONS BAY ROAD  
NOKOMIS, FL 34275 US

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

ATENCIA FRASER, MINDA  
6114 SHEFFIELD LANE  
ENGLEWOOD, FL 34224 US

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: MINDA FRASER

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ATENCIA FRASER, MINDA  
Address: 6114 SHEFFIELD LANE  
City-St-Zip: ENGLEWOOD, FL 34224

Title: MGRM  
Name: KUDRIASZOW, MATTHEW GEORGE  
Address: 6114 SHEFFIELD LANE  
City-St-Zip: ENGLEWOOD, FL 34224

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: MINDA FRASER

MGR

04/30/2012

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