

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000129822

**FILED**  
**Feb 25, 2012**  
**Secretary of State**

**Entity Name:** NATURAL HEALTH SOLUTIONS 4 LIFE LLC

**Current Principal Place of Business:**

16586 BRIGADOON DRIVE  
TAMPA, FL 33618 US

**New Principal Place of Business:**

3346 49TH STREET N  
SUITE 101  
SAINT PETERSBURG, FL 33710 US

**Current Mailing Address:**

16586 BRIGADOON DRIVE  
TAMPA, FL 33618 US

**New Mailing Address:**

PO BOX 341194  
TAMPA, FL 33694 US

**FEI Number:** 27-4370898

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIVINE, JACLYN  
16586 BRIGADOON DRIVE  
TAMPA, FL 33618 US

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

DIVINE, JACLYN  
3346 49TH STREET N  
101  
SAINT PETERSBURG, FL 33710 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:

02/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DIVINE, JACLYN  
Address: PO BOX 341194  
City-St-Zip: TAMPA, FL 33694 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: JACLYN DIVINE

MGRM

02/25/2012

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