

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Feb 07, 2012
Secretary of State**

DOCUMENT# L10000132454

Entity Name: AMBROSE HOME REMEDIES LLC

Current Principal Place of Business:

5135 KENMORE STREET
SPRING HILL, FL 34608 US

New Principal Place of Business:

Current Mailing Address:

5135 KENMORE STREET
SPRING HILL, FL 34608 US

New Mailing Address:

FEI Number: 27-4403910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMBROSE, DEREK R
5135 KENMORE STREET
SPRING HILL, FL 34608 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: AMBROSE, DEREK, R.
Address: 5135 KENMORE STREET
City-St-Zip: SPRING HILL, FL 34608 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: DEREK R. AMBROSE

MGMR

02/07/2012

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