

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000004794

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** NATURAL KNOWLEDGE LLC

**Current Principal Place of Business:**

36 PORCUPINE DR  
PALM COAST, FL 32137

**New Principal Place of Business:**

1577 CHINA GROVE TRAIL  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

PO BOX 62274  
JACKSONVILLE, FL 32208

**New Mailing Address:**

1577 CHINA GROVE TRAIL  
TALLAHASSEE, FL 32301

**FEI Number:** 27-4435177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JACKSON, ARTHUR  
1 FLORIDA PARK DR SOUTH STE 215  
PALM COAST, FL 32137 US

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

JACKSON, ARTHUR  
1 FLORIDA PARK DR. SOUTH  
STE 215  
PALM COAST, FL 32137 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:**

04/29/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SANDERS, LYDIA S  
**Address:** 1577 CHINA GROVE TRAIL  
**City-St-Zip:** TALLAHASSEE, FL 32301

**Title:** MGRM  
**Name:** SANDERS, MARIA  
**Address:** 1577 CHINA GROVE TRAIL  
**City-St-Zip:** TALLAHASSEE, FL 32301

**Title:** MGRM  
**Name:** TOOMBS, REGINALD  
**Address:** 1231 COLONY  
**City-St-Zip:** TALLAHASSEE, FL 32317

**Title:** MGRM  
**Name:** BREWER, SYREETA  
**Address:** 5056 HEARTHSTONE COURT  
**City-St-Zip:** TALLAHASSEE, FL 32303

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:** LYDIA S. SANDERS

LS

04/29/2012

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