

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000088930

**FILED**  
**Sep 28, 2012**  
**Secretary of State**

**Entity Name:** NATURAL ESSENCE GROUP, LLC

**Current Principal Place of Business:**

1224 E. FOWLER AVENUE  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

1224 E. FOWLER AVENUE  
TAMPA, FL 33612 US

**New Mailing Address:**

**FEI Number:** 45-2845114

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSTON, STEFANIE R  
1224 E. FOWLER AVENUE  
TAMPA, FL 33545 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:** MGR  
**Name:** JOHNSTON, STEFANIE R  
**Address:** 1224 E. FOWLER AVENUE  
**City-St-Zip:** TAMPA, FL 33545 US

**Title:** MGR  
**Name:** JONHSNTON, DONNELL K  
**Address:** 1224 E. FOWLER AVENUE  
**City-St-Zip:** TAMPA, FL 33545 US

**Title:** MGR  
**Name:** HYACINTHE, CHRISTINE  
**Address:** 2607 SHILO COURT  
**City-St-Zip:** TAMPA, FL 33594

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:** STEFANIE R. JOHNSTON

MGR

09/28/2012

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