

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000115998

Entity Name: HOLISTIC NATURALS LLC

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

**Current Principal Place of Business:**

177 BRUSHCREEK DR  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

177 BRUSHCREEK DR  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 45-4247122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAONE, MIKE  
177 BRUSHCREEK DR  
SANFORD, FL 32771 US

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

PAONE, MIKE J  
177 BRUSHCREEK DR  
SANFORD, FL 32771 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: MIKE J PAONE

02/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PAONE, MIKE J  
Address: 177 BRUSHCREEK DR  
City-St-Zip: SANFORD, FL 32771

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: MIKE J PAONE

MGR

02/07/2012

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