

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90281 026 ****50.00

DOCUMENT # L99000007615

1. Entity Name
NATURAL HEALTH PRODUCTS, LLC



Principal Place of Business
**218 MEDITERRANEAN ROAD
PALM BEACH, FL 33480**

Mailing Address
**218 MEDITERRANEAN ROAD
PALM BEACH, FL 33480**

24041225



2. Principal Place of Business
4419 N. BAY ROAD
Suite, Apt. #, etc.

3. Mailing Address
4419 N. BAY ROAD
Suite, Apt. #, etc.

01092004 Chg-LLC CR2E083 (10/03)

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

4. FEI Number
65-0961078
Applied For
Not Applicable

Zip
33140
Country
USA

Zip
33140
Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MIRKIN, MARK H
1700 PALM BEACH LAKES BOULEVARD, #580
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name
AMANDA ELLISON

Street Address (P.O. Box Number is Not Acceptable)

4419 NORTH BAY ROAD

City
MIAMI BEACH

FL Zip Code
33140

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/09/04

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ELLISON, RALPH M
218 MEDITERRANEAN ROAD
PALM BEACH, FL 33480** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ELLISON, AMANDA J
218 MEDITERRANEAN ROAD
PALM BEACH, FL 33480** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4419 N. BAY ROAD
MIAMI BEACH, FL 33140** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4419 N. BAY ROAD
MIAMI BEACH, FL 33140** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

AMANDA J. ELLISON

04/09/04

(305) 674-1775