

05 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90164 020 ****50.00

DOCUMENT # L99000007615

1. Entity Name
NATURAL HEALTH PRODUCTS, LLC



Principal Place of Business
4419 N. BAY ROAD
MIAMI BEACH, FL 33140 US

Mailing Address
4419 N. BAY ROAD
MIAMI BEACH, FL 33140 US

20025481



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
65-0961078

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLISON, AMANDA
4419 NORTH BAY ROAD
MIAMI BEACH, FL 33140

Name
AMANDA ELLISON

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

4712 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)

02/26/05

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
ELLISON, RALPH M
4419 N. BAY ROAD
MIAMI BEACH, FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
4712 N. BAY ROAD
MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
ELLISON, AMANDA J
4419 N. BAY ROAD
MIAMI BEACH, FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
4712 N. BAY ROAD
MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ 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

AMANDA J. ELLISON

02/26/05

Date

(305) 674-1775

Daytime Phone #