

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000000007

Entity Name: HERBALSCIENCE, LLC

**FILED**  
**Jul 16, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

1004 COLLIER CENTER WAY  
SUITE 200  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1004 COLLIER CENTER WAY  
SUITE 200  
NAPLES, FL 34110

**New Mailing Address:**

FEI Number: 65-1081577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLEMAN, KEVIN G ESQ.  
4001 TAMiami TRAIL NORTH SUITE 300  
NAPLES, FL 34103 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GOW, ROBERT T  
Address: 13631 PONDVIEW CIRCLE  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT T. GOW

MR.

07/16/2004

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