

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004729

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** HERBALSCIENCE NUTRACEUTICALS, LLC

**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:** 26-0647525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MGRM ( ) Delete  
**Name:** GOW, ROBERT T  
**Address:** 1004 COLLIER CENTER WAY, SUITE 200  
**City-St-Zip:** NAPLES, FL 34110

**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 exemption stated in Chapter 119, 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:** KAY F GOW

M

04/30/2008

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