

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000085161

**Entity Name:** NATURAL SOLUTIONS, LLC

**Current Principal Place of Business:**

1444-70TH STREET NORTH  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

1444-70TH. STREET NORTH  
ST. PETERSBURG, FL 33710

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FITZGERALD, JOHN  
6450 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33710 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MS	Title	MR
Name	FITZGERALD, ASHLIEBETH	Name	FITZGERALD, DAVID R
Address	1444-70TH. STREET NORTH	Address	1444-70TH. ST. N.
City-State-Zip:	ST. PETERSBURG FL 33710	City-State-Zip:	SAINT PETERSBURG FL 33710

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID FITZGERALD

**MGR**

**04/18/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date