

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070309

Entity Name: NATIONAL FRUIT & ESSENCES LLC

Current Principal Place of Business:

4113 RESIDENCE DRIVE
UNIT 207
FT. MYERS, FL 33901

Current Mailing Address:

4113 RESIDENCE DRIVE
UNIT 207
FT. MYERS, FL 33901 US

FEI Number: 20-3312169

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MEDORE, KATHLEEN
4113 RESIDENCE DRIVE
UNIT 207
FT. MYERS, FL 33901 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 MGRM
Name MEDORE, KATHLEEN M
Address 4113 RESIDENCE DRIVE
UNIT 207
City-State-Zip: FT. MYERS FL 33901

Title MGRM
Name MEDORE, JOLEEN A
Address P.O. BOX 1572
City-State-Zip: HANALEI HI 96714

Title MGRM
Name MEDORE, VICTOR J
Address 101 HOPE ROAD
City-State-Zip: BLAIRSTOWN NJ 07825

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: KATHLEEN MEDORE

PRESIDENT

02/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date