## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070309

**Entity Name: NATIONAL FRUIT & ESSENCES LLC** 

**Current Principal Place of Business:** 

11023 MILL CREEK WAY, UNIT 703 FT. MYERS. FL 33913

## **Current Mailing Address:**

11023 MILL CREEK WAY, UNIT 703 FT. MYERS. FL 33913

FEI Number: 20-3312169 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

MEDORE, KATHLEEN 11023 MILL CREEK WAY, UNIT 703 FT. MYERS, FL 33913 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

**FILED** Jan 24, 2013

**Secretary of State** 

CC8358161340

Authorized Person(s) Detail:

Title MGRM Title **MGRM** 

MEDORE, KATHLEEN M Name MEDORE, JOLEEEN A Name

11023 MILL CREEK WAY, UNIT 703 Address 6739 E. DOUGLAS PARK DRIVE Address

City-State-Zip: FT. MYERS FL 33913 City-State-Zip: **HUNTERSVILLE NC 28078** 

Title **MGRM** 

MEDORE, VICTOR J Name 101 HOPE ROAD Address

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN MEDORE

**PRESIDENT** 

01/24/2013