

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000096905

Entity Name: KAPOK NATURALS LLC

Current Principal Place of Business:

10380 SW VILLAGE CENTER DR., UNIT 359
PORT ST. LUCIE, FL 34987

Current Mailing Address:

10380 SW VILLAGE CENTER DR., UNIT 359
PORT ST. LUCIE, FL 34987 US

FEI Number: 33-1229044

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS COURT
SUITE A
TAMPA, FL 33612 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: CHEYENNE MOSELEY, ASSISTANT SECRETARY ON BEHALF OF UNITED STATES CORPORATION AGENTS, INC. 07/27/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	RIVERA, CARLOS A.	Name	ALKSNIS, CAMERON
Address	10380 SW VILLAGE CENTER DR. UNIT 359	Address	10380 SW VILLAGE CENTER DR. UNIT 359
City-State-Zip:	PORT ST. LUCIE FL 34987	City-State-Zip:	PORT ST. LUCIE FL 34987

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: CAMERON ALKSNIS

MEMBER

07/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date