

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000073173

Entity Name: NATURALITY HEALTH SOLUTIONS LLC

Current Principal Place of Business:

3075 W. OAKLAND PARK BLVD.
SUITE 106
OAKLAND PARK, FL 33311

Current Mailing Address:

3075 W. OAKLAND PARK BLVD.
SUITE 106
OAKLAND PARK, FL 33311

FEI Number: 47-3566545

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHARLES, YVROSE
3075 W. OAKLAND PARK BLVD.
SUITE 106
OAKLAND PARK, FL 33311 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 MGR
Name CHARLES, YVROSE
Address 3075 W. OAKLAND PARK BLVD. #106
City-State-Zip: OAKLAND PARK FL 33311

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: YVROSE CHARLES

OWNER

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date