

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000109082

**Entity Name:** NATURES DESIGN PRODUCTS, LLC**Current Principal Place of Business:**239 2ND AVE S STE 200  
ST. PETERSBURG, FL 33701**Current Mailing Address:**239 2ND AVE S STE 200  
ST. PETERSBURG, FL 33701 US**FEI Number:** 47-4379781**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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:** CORPORATE CREATIONS NETWORK INC. BY: TYMBERLYN TEEFEY, SPECIAL 02/20/2025~~SECRETARY~~

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SLOANE, DYLAN  
Address 525 S. FLAGLER DR., SUITE 201  
City-State-Zip: WEST PALM BEACH FL 33401

Title CFO  
Name JAGGI, MARK  
Address 239 2ND AVE S STE 200  
City-State-Zip: ST. PETERSBURG FL 33701

Title CHIEF STRATEGY OFFICER  
Name JONES, JASON  
Address 239 2ND AVE S STE 200  
City-State-Zip: ST. PETERSBURG FL 33701

Title CEO  
Name BUNCH, DAVE  
Address 239 2ND AVE S STE 200  
City-State-Zip: ST. PETERSBURG FL 33701

Title COO  
Name CONNORS, KIRK  
Address 239 2ND AVE S STE 200  
City-State-Zip: ST. PETERSBURG FL 33701

Title CHIEF ACCOUNTING OFFICER  
Name ASHBY, TIM  
Address 239 2ND AVE S STE 200  
City-State-Zip: ST. PETERSBURG FL 33701

*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:** DYLAN SLOANE**MANAGER BY LAUREN HILL, ATTORNEY-IN-FACT** 02/20/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date