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

SIGNATURE: LIVAN ARISTE

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

Entity Name: NATURAL PROPERTIES SERVICE LLC

10475 NW 132 ST HIALEAH GARDEN. FL 33018 US

Current Principal Place of Business:

FEI Number: 81-4023778

HIALEAH GARDEN, FL 33018

DOCUMENT# L16000178106

Name and Address of Current Registered Agent:

ARISTE, LIVAN 10475 NW 132 ST HIALEAH GARDEN, FL 33018 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:

10475 NW 132 ST

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	ARISTE, LIVAN	Name	ARISTE, TEODORO J
Address	10475 NW 132 ST	Address	957 W 28TH ST
City-State-Zip:	HIALEAH GARDEN FL 33018	City-State-Zip:	HIALEAH FL 33010

that my name appears above, or on an attachment with all other like empowered. 01/30/2024 PRESIDET

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 30, 2024 Secretary of State 5393709879CC

Certificate of Status Desired: No

Date

Date