

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000033915

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** SCS WEIGHTLOSS SYSTEMS OF DANIEL DAVID'S MED SPA LLC

**Current Principal Place of Business:**

1585 NORTH PARK DR  
WESTON, FL 33326 US

**New Principal Place of Business:**

**Current Mailing Address:**

1585 NORTH PARK DR  
WESTON, FL 33326 US

**New Mailing Address:**

**FEI Number:** 45-0852978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STROCK & COHEN, P.A.  
2900 GLADES CIRCLE  
STE 750  
WESTON, FL 33327 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SCS WEIGHTLOSS SYSTEMS, INC.  
**Address:** 410 SABAL WAY  
**City-St-Zip:** WESTON, FL 33326 US

**Title:** MEMB  
**Name:** DANIEL DAVID'S MED SPA LLC  
**Address:** 1585 NORTH PARK DR  
**City-St-Zip:** WESTON, FL 33326 US

I hereby certify that the information indicated on this 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.

**SIGNATURE:** SCS WEIGHTLOSS SYSTEM INC

MGRM

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date