

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000094419

FILED
Apr 28, 2012
Secretary of State

Entity Name: NULIFE WEIGHT LOSS PROGRAM LLC

Current Principal Place of Business:

5675 CORAL RIDGE DR
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

5675 CORAL RIDGE DR
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 45-3020719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JARED
5675 CORAL RIDGE DR
CORAL SPRINGS, FL 33076 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: COHEN, JARED
Address: 5675 CORAL RIDGE DR
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM
Name: CAMPESI, CATERINA
Address: 5675 CORAL RIDGE DR
City-St-Zip: CORAL SPRINGS, FL 33076

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: JARED COHEN

MGRM

04/28/2012

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