

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000021533

**FILED**  
**Jan 24, 2018**  
**Secretary of State**  
**CC4155186543**

**Entity Name:** BARIATRIC HOLDINGS, L.L.C.

**Current Principal Place of Business:**

300 HEALTH PARK BLVD., SUITE 5002  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

300 HEALTH PARK BLVD., SUITE5002  
ST. AUGUSTINE, FL 32086

**FEI Number:** 76-0800922

**Certificate of Status Desired:** No

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

LAWRENCE A. CAPLAN, P.A.  
1375 GATEWAY BLVD. SUITE100  
BOYNTON BEACH, FL 33426 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 MAREMA, ROBERT T  
Address 300 HEALTH PARK BLVD., SUITE 5002  
City-State-Zip: ST. AUGUSTINE FL 32086

Title MGRM  
Name RTM HOLDINGS, LLC  
Address 1375 GATEWAY BLVD, SUITE 39  
City-State-Zip: BOYNTON BEACH FL 33426

*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:** ROBERT MAREMA

**MANAGER**

**01/24/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date