

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000039719

Entity Name: LEAL WEIGHT LOSS CENTER, LLC

Current Principal Place of Business:

632 WASHINGTON AVE.
HOMESTEAD, FL 33030

Current Mailing Address:

632 WASHINGTON AVE.
HOMESTEAD, FL 33030 US

FEI Number: 45-1488951

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEAL, JHACNEA
632 WASHINGTON AVE.
HOMESTEAD, FL 33030 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 LEAL, JHACNEA
Address 632 WASHINGTON AVE.
City-State-Zip: HOMESTEAD FL 33030

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: JHACNEA LEAL

PRESIDENT

03/14/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date