

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000094419

**Entity Name:** NULIFE WEIGHT LOSS PROGRAM LLC

**Current Principal Place of Business:**

5675 CORAL RIDGE DR  
CORAL SPRINGS, FL 33076

**Current Mailing Address:**

5675 CORAL RIDGE DR  
CORAL SPRINGS, FL 33076

**FEI Number:** 45-3020719

**Certificate of Status Desired:** No

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

COHEN, JARED  
5675 CORAL RIDGE DR  
CORAL SPRINGS, FL 33076 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 MGRM  
Name COHEN, JARED  
Address 5675 CORAL RIDGE DR  
City-State-Zip: CORAL SPRINGS FL 33076

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

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JARED COHEN

**MGRM**

**04/27/2013**

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

\_\_\_\_\_  
Date