

2014 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JARED COHEN

PRES

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date