

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000164765

Entity Name: WEIGHT AND SHAPE MED CENTER LLC

Current Principal Place of Business:

6965 PIAZZA GRANDE AVE STE 410
ORLANDO, FL 32835

Current Mailing Address:

6965 PIAZZA GRANDE AVE STE 410
ORLANDO, FL 32835 US

FEI Number: 38-3944543

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARSON ACCOUNTING AND CONSULTING SERVICES
7901 KINGSPONTE PKWY STE 17
ORLANDO, FL 32819 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: CAROLINE G LARSON

03/17/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name ROTONDO, LILIANA
Address RUA VITOR COSTA 822
APT 181
City-State-Zip: SAO PAULO 04150-060

Title AMBR
Name PANSERA, GIULIANNA
Address RUA VITOR COSTA 822
APT 181
City-State-Zip: SAO PAULO SP 04150-060

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: LILIANA ROTONDO

AMBR

03/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date