## 2018 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 STE410 ORLANDO, FL 32835 US

FEI Number: 38-3944543 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AES ACCOUNTING & CONSULTING LLC 6965 PIAZZA GRANDE AVE STE 209 ORLANDO, FL 32835 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: ALEJANDRA LOPEZ 04/27/2018

Electronic Signature of Registered Agent

## Authorized Person(s) Detail:

Title MGR

Name DE SOUZA, RAFAELLA L
Address 6626 IMPERIAL OAK LN
City-State-Zip: ORLANDO FL 32819

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.

**MGR** 

SIGNATURE: RAFAELLA L DE SOUZA

Electronic Signature of Signing Authorized Person(s) Detail

04/27/2018

Date

FILED Apr 27, 2018

**Secretary of State** 

CC3566783480

Date