

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000014202

Entity Name: MEDICAL WEIGHT LOSS CONSULTANTS LLC

Current Principal Place of Business:

4380 OAKES ROAD
SUITE 807
DAVIE, FL 33314

Current Mailing Address:

4380 OAKES ROAD
SUITE 807
DAVIE, FL 33314 US

FEI Number: 81-4296519

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZARCO EINHORN SALKOWSKI & BRITO PA
100 S.E. 2ND STREET
SUITE 2700
MIAMI, FL 33131 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 GOLDSMITH, JASON
Address 4380 OAKES ROAD
SUITE 807
City-State-Zip: DAVIE FL 33314

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: JASON GOLDSMITH

MANAGER

04/11/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date