

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90430 033 ****50.00

DOCUMENT # L02000029208

1. Entity Name
SURGICAL WEIGHT LOSS INSTITUTE, LLC



Principal Place of Business
**16431 SW 81 AVE
MIAMI, FL 33157**

Mailing Address
**16431 SW 81 AVE
MIAMI, FL 33157**

24020000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
33-1052669

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE LA CRUZ-MUNOZ, NESTOR F JR.
16431 SW 81 AVE
MIAMI, FL 33157**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LACRUZ, NESTOR DE
16431 SW 181 AVE
MIAMI, FL 33157** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DE LA CRUZ-MUNOZ, NESTOR F JR
16431 SW 81 AVE
MIAMI, FL 33157** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Nestor de la Cruz-Munoz Sr

3/10/04

305-856-4385