## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033471

Entity Name: SOLUTIONS NATURAL WEIGHT LOSS, LLC

FILED Sep 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10901 BURNT MILL RD. 10901 BURNT MILL RD. APT. 2706 APT. 2603

JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

10901 BURNT MILL RD. 10901 BURNT MILL RD. APT. 2706 APT. 2603

JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

FEI Number: 43-8633554 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZERINGUE, KALEB 10901 BURNT MILL RD. APT. 2706 JACKSONVILLE, FL 32256 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

## **MANAGING MEMBERS/MEMBERS:**

MBERS: ADDITIONS/CHANGES:

Title:MGR () DeleteTitle:MGR (X) Change () AdditionName:ZERINGUE, FREDDIEName:ZERINGUE, FREDDIEAddress:10901 BURNT MILL RD. APT. 2706Address:10901 BURNT MILL RD. APT. 2603

Address: 10901 BURNT MILL RD. APT. 2706 Address: 10901 BURNT MILL RD. APT. 260
City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: FREDDIE ZERINGUE MGR 09/30/2004