

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000035122

1. Entity Name
METROWEST WEIGHT MANAGEMENT, LLC



Principal Place of Business

1507 S. HIAWASSEE ROAD
SUITE 107
ORLANDO, FL 32835 US

Mailing Address

P O BOX 618347
ORLANDO, FL 32861 US

FILED
Jan 24, 2008 08:00 AM
Secretary of State



01172008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0268050

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M
430 N MILLS AVE
ORLANDO, FL 32803

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: AKELLA, RAVI P
STREET ADDRESS: P O BOX 618347
CITY-ST-ZIP: ORLANDO, FL 32861

TITLE: MGR
NAME: VANGALA, PRADEEP K
STREET ADDRESS: P O BOX 618347
CITY-ST-ZIP: ORLANDO, FL 32861

TITLE: MGR
NAME: GANJAM, RAGHU D
STREET ADDRESS: PO BOX 618347
CITY-ST-ZIP: ORLANDO, FL 32861

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

U00000795121
01/28/08-80035-017 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/21/08

407-4459545