

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000044859

FILED  
Sep 29, 2006  
Secretary of State

**Entity Name:** SURGICAL WEIGHT LOSS CENTERS OF FLORIDA, LLC

**Current Principal Place of Business:**

1757 U.S. HIGHWAY 27 SOUTH  
SEBRING, FL 33870

**New Principal Place of Business:**

107 NE 19TH DRIVE  
OKEECHOBEE, FL 34974 US

**Current Mailing Address:**

P.O. BOX 1339  
OKEECHOBEE, FL 349731339

**New Mailing Address:**

P.O. BOX 2830  
TUBA CITY, AZ 86045 US

FEI Number: 20-0446919      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SAUERBERG, ERIC M  
200 VILLAGE SQUARE CROSSING, SUITE 102  
PALM BEACH GARDENS, FL 33410 US

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

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: ERIC M SAUERBERG

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SITARAMAKRISHNA, KOTHALONKA  
Address: 1757 US HWY 27 SOUTH  
City-St-Zip: SEBRING, FL 33870

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KOTHALANKA, SITARAMAKRISHN  
Address: 107 NE 19TH DRIVE  
City-St-Zip: OKEECHOBEE, FL 34974 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SITARAMAKRISHNA KOTHALANKA

MGR

09/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date