

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90133 010 ****50.00

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # L03000051279 1. Entity Name LADIES WEIGHT LOSS CENTER OF OSCEOLA COUNTY, LLC | | | | | |
| Principal Place of Business 5825 GUENEVERE COURT ST. CLOUD, FL 34772 | | | Mailing Address 5825 GUENEVERE COURT ST. CLOUD, FL 34772 | | |
| 2. Principal Place of Business 4051 13th ST. <small>Suite, Apt. #, etc.</small> | | 3. Mailing Address 5825 GUENEVERE CT. <small>Suite, Apt. #, etc.</small> | | | |
| City & State ST. CLOUD FL. | | City & State ST. CLOUD FL. | | 4. FEI Number 57-1195033 | |
| Zip 34769 | | Country OSCEOLA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ADALIO, STEPHEN 5825 GUENEVERE COURT ST. CLOUD, FL 34772 | | | 7. Name and Address of New Registered Agent 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 STEPHEN ADALIO 9-8-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by September 8, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ADALIO, STEPHEN 5825 GUENEVERE COURT ST. CLOUD, FL 34772 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ADALIO, LESLIE 5825 GUENEVERE COURT ST. CLOUD, FL 34772 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: | | | 9/8/04 407-4600494 <small>Date Daytime Phone #</small> | | |

COULD NOT FILE ON LINE

SIGHT DOWN FOR FILING
ON 9-8-04 10 P.M.