


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90370 013 ****55.00

**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L04000043093**

1. Entity Name
Doctors Weight Loss Solution LLC



DO NOT WRITE IN THIS SPACE

14013188

2. Principal Place of Business 8500 ROYAL PALM Suite, Apt. #, etc. C-633 City & State Coral SPRINGS Zip 33065 Country USA		3. Mailing Address 8500 ROYAL PALM Suite, Apt. #, etc. C-633 City & State Coral Springs Zip 33065 Country USA		4. FEI Number 20-1853081	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					

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**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **LARRY ECKER Laurence Ecker**
 Street Address (P.O. Box Number is Not Acceptable)
8500 ROYAL PALM
C-633 CORAL SPRINGS
 City **Coral Springs** FL Zip Code **33065**

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 **Laurence Ecker MGR** 4/29/05

9. MANAGING MEMBERS/MANAGERS

NAME **Laurence Ecker MGR**
 STREET ADDRESS **8500 Royal Palm Blvd**
 CITY-ST-ZIP **C-633 Coral Springs FL 33065**

NAME **LEE Ecker MGR**
 STREET ADDRESS **10 EDINBURGH DR**
 CITY-ST-ZIP **Randolph N.J. 07864**

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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)(f), 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 806, Florida Statutes.

SIGNATURE: **Laurence Ecker MGR** 4/29/05 (954) 7018292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)