

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000043093

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** DOCTORS WEIGHT LOSS SOLUTION, LLC

**Current Principal Place of Business:**

3351 SOUTH PALM AIRE DRIVE  
407  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

3351 SOUTH PALM AIRE DRIVE  
407  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 20-1853081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ECKER, LARRY J  
3351 SOUTH PALM AIRE DRIVE  
407  
POMPANO BEACH, FL 33069 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ECKER, LARRY J  
Address: 3351 SOUTH PALM AIRE DRIVE #407  
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM  
Name: ECKER, LEE A  
Address: 10 EDINBURGH DR  
City-St-Zip: RANDOLPH, NJ 07869

I hereby 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: LARRY J ECKER

MGR

04/26/2012

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