2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2006
Secretary of State

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Entity Name: WEIGHT LOSS COACHING AND CONSULTING, LLC

Current Principal Place of Business:

99 S.E. MIZNER BLVD.
BOCA RATON, FL 33432

New Principal Place of Business:

99 S.E. MIZNER BLVD.
#924
BOCA RATON, FL 33432

Current Mailing Address:

99 S.E. MIZNER BLVD.
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 20-2013704 **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:

BELSON, STEVEN A ESQ.
2500 N. MILITARY TRAIL, SUITE 465
BOCA RATON, FL 33431 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 ( ) Delete
Name: KELMAN, JENNIFER L
Address: 99 S.E. MIZNER BLVD.
City-St-Zip: BOCA RATON, FL 33432

Title: MGR ( ) Delete
Name: ARCHON, VALERIE
Address: 99 S.E. MIZNER BLVD.
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: KELMAN, VALERIE
Address: 99 S.E. MIZNER BLVD.
City-St-Zip: BOCA RATON, FL 33432

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: JENNIFER KELMAN MGR 07/06/2006

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