

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085499

FILED
Apr 11, 2009
Secretary of State

Entity Name: NEW IMAGE WEIGHT LOSS CENTER, LLC

Current Principal Place of Business:

4131 - 3B UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4131 - 3B UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKINS, DONNELL L.W.
4131 - 3B UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216 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: MGRM () Delete
Name: AKINS, DONNELL L.W.
Address: 4131 - 3B UNIVERSITY BLVD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM (X) Delete
Name: HARVILLE-AKINS, LORIA ANN
Address: 4131 - 3B UNIVERSITY BLVD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DONNELL L. W. AKINS

MGRM

04/11/2009

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