

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087883

FILED
Apr 18, 2008
Secretary of State

Entity Name: TOTAL FAMILY WEIGHT LOSS CENTER, LLC

Current Principal Place of Business:

2105 HARTWOOD MARSH ROAD
SUITE 7
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

PO BOX 120550
CLERMONT, FL 34712

New Mailing Address:

FEI Number: 26-0857130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAKOB, KEVIN
2105 HARTWOOD MARSH RD
SUITE 7
CLERMONT, FL 34711 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: JAKOB, CARA
Address: PO BOX 120550
City-St-Zip: CLERMONT, FL 34712 US

ADDITIONS/CHANGES:

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: CARA JAKOB

MGR

04/18/2008

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