2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# L07000087883

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:

JAKOB, KEVIN
3986 DERBY GLEN DR
CLERMONT, FL 34711 US

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: _____ 04/17/2009
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 04/17/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date