

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000019228

FILED
Oct 15, 2009
Secretary of State

Entity Name: MWLS WESLEY CHAPEL, LLC

Current Principal Place of Business:

101 S ROBERTSON BLVD. STE 210
LOS ANGELES, CA 90048

New Principal Place of Business:

Current Mailing Address:

101 S ROBERTSON BLVD. STE 210
LOS ANGELES, CA 90048

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

REGUS GROUP, LLC
2202 N. WESTSHORE BLVD. SUITE 200
TAMPA, FL 33607 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: JOSIE MIRANDA

10/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEDICAL WEIGHT LOSS SOLUTIONS, LLC
Address: 2202 N WEST SHORE BLVD STE 200
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: HERN, ALEXANDER F
Address: 9663 SANTA MONICA BLVD STE 149
City-St-Zip: BEVERLY HILLS, CA 90210

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: ALEX HERN

MGRM

10/15/2009

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