2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L08000058584

Entity Name: JEB WEIGHT LOSS, LLC

Current Principal Place of Business:

777 S. HARBOUR ISLAND BLVD.
SUITE 130
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

777 S. HARBOUR ISLAND BLVD.
SUITE 130
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LASMAN, JEFFREY M
6152 DELANCEY STATION STREET
SUITE 205
RIVERVIEW, FL 33578 US

Name and Address of New Registered Agent:

KALOUST, DEREK
777 S. HARBOUR ISLAND BLVD.
SUITE 130
TAMPA, FL 33602 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: DEREK KALOUST 04/13/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: EDLUND, JAMES A
Address: 4608 W. TENNYSON AVENUE
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Delete
Name: KALOUST, EDWARD
Address: 921 SEDDON COVE
City-St-Zip: TAMPA, FL 33602

Title: MGRM ( ) Delete
Name: EDLUND, BROOKS
Address: 1220 CHINABERRY CT.
City-St-Zip: ROANOKE, TX 76262

ADDITIONS/CHANGES:

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

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: DEREK KALOUST RA 04/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date