

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116924

FILED
Feb 02, 2011
Secretary of State

Entity Name: DOCTORS BEST WEIGHT LOSS & WELLNESS CENTER L.L.C.

Current Principal Place of Business:

5542 S. FLAMINGO ROAD
COOPER CITY, FL 33330

New Principal Place of Business:

Current Mailing Address:

5542 S. FLAMINGO ROAD
COOPER CITY, FL 33330

New Mailing Address:

FEI Number: 80-0320841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FORSTER, CHRISTIAN
5542 S. FLAMINGO ROAD
COOPER CITY, FL 33330 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
Name: FORSTER, CHRISTIAN
Address: 5542 S. FLAMINGO ROAD
City-St-Zip: COOPER CITY, FL 33330

I hereby 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: CHRISTIAN FORSTER

MGR

02/02/2011

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