

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000029669

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

**Entity Name:** SLIM FIT WEIGHT LOSS, LLC

**Current Principal Place of Business:**

11004 LITTLE ROAD  
NEW PORT RICHEY, FL 34654, US

**New Principal Place of Business:**

**Current Mailing Address:**

11004 LITTLE ROAD  
NEW PORT RICHEY, FL 34654, US

**New Mailing Address:**

**FEI Number:** 94-3473455

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KURYLIW, DEREK D  
12707 FIFTH ISLE  
HUDSON, FL 34667 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:** MGRM  
**Name:** KURYLIW, DEREK D  
**Address:** 12707 FIFTH ISLE  
**City-St-Zip:** HUDSON, FL 34667 US

**Title:** MGRM  
**Name:** KURYLIW, DENNIS M  
**Address:** 10551 LAKEVIEW DRIVE  
**City-St-Zip:** NEW PORT RICHEY, FL 34654 US

**Title:** MGRM  
**Name:** KURYLIW, MONIQUE  
**Address:** 10551 LAKEVIEW DRIVE  
**City-St-Zip:** NEW PORT RICHEY, FL 34654 US

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:** DEREK KURYLIW

MGRM

03/22/2010

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