

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000047724

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** MEDICAL WEIGHT LOSS SYSTEM, LLC

**Current Principal Place of Business:**

3351 S PALM AIRE DR  
#407  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

3351 S PALM AIRE DR  
#407  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 27-0770607      **FEI Number Applied For ( )**      **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:**

ECKER, LARRY  
3351 S PALM AIRE DRIVE  
#407  
POMPANO BEACH, FL 33069 US

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

ECKER, LARRY J  
3351 S PALM AIRE DRIVE  
#407  
POMPANO BEACH, FL 33069 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: LARRY J ECKER

05/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ECKER, LARRY J  
**Address:** 3351 S PALM AIRE DR #407  
**City-St-Zip:** POMPANO BEACH, FL 33069

**Title:** MGRM  
**Name:** ECKER, LEE A  
**Address:** 10 EDINBURGH DR  
**City-St-Zip:** RANDOLPH, NJ 07869

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: LARRY J ECKER

MGR

05/03/2010

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