

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000021468

Entity Name: TRINITY WEIGHT LOSS, LLC

FILED  
Apr 17, 2012  
Secretary of State

**Current Principal Place of Business:**

8923 MICHELL BLVD.  
TRINITY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

8923 MICHELL BLVD.  
TRINITY, FL 34655

**New Mailing Address:**

FEI Number: 27-2004037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LASMAN, JEFFREY M ESQ.  
C/O LASMAN LAW FIRM, P.A.  
6152 DELANCEY STATION STREET, STE. 205  
RIVERVIEW, FL 33578 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: KALOUST, JOHN  
Address: 3818 SPRUCE PINE DRIVE  
City-St-Zip: VALRICO, FL 33596

Title: MGR  
Name: KALOUST, DEREK  
Address: 3206 W. OBISPO STREET  
City-St-Zip: TAMPA, FL 33629

Title: MGR  
Name: LEVINE, MARY ANN  
Address: 19911 READING ROAD  
City-St-Zip: LUTZ, FL 33558

Title: MGR  
Name: MAULORICO, RALPH  
Address: 327 TALL OAK TRAIL .  
City-St-Zip: TARPON SPRINGS, FL 34688

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: RALPH B MAULORICO

MGR

04/17/2012

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