

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000026713

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** WEIGHT LOSS CHICA ENTERPRISES, LLC

**Current Principal Place of Business:**

10151 UNIVERSITY BLVD., NO 389  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

10151 UNIVERSITY BLVD., NO 389  
ORLANDO, FL 32817

**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:**

DEAN MEAD SERVICES, LLC  
800 N. MAGNOLIA AVENUE, STE. 1500  
ORLANDO, FL 32803 US

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

LAW OFFICE OF NICOLE WEAVER, PLLC  
154 LAKE VILLAS DRIVE  
ALTAMONTE SPRINGS, FL 32701 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: /A. NICOLE WEAVER, ESQ/

04/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILLIAMS, NICHOLAS  
Address: 10151 UNIVERSITY BLVD., NO 389  
City-St-Zip: ORLANDO, FL 32817

Title: MGRM  
Name: WILLIAMS, CHRISTINA  
Address: 10151 UNIVERSITY BLVD., NO 389  
City-St-Zip: ORLANDO, FL 32817

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: /A. NICOLE WEAVER/

RA

04/21/2011

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