

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000109905

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** CLAYTON WEIGHT LOSS CENTER, LLC

**Current Principal Place of Business:**

699 W. COCOA BEACH CAUSEWAY  
SUITE 404  
COCOA BEACH, FL 32931 US

**New Principal Place of Business:**

**Current Mailing Address:**

699 W. COCOA BEACH CAUSEWAY  
SUITE 404  
COCOA BEACH, FL 32931 US

**New Mailing Address:**

3525 S. TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 US

**FEI Number:** 27-3814799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 US

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

LYNN CPA GROUP  
9161 NARCOOSSEE ROAD  
#202  
ORLANDO, FL 32827 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:** SUSAN LYNN, CPA

04/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CLAYTON, JAN H  
**Address:** 3525 S. TROPICAL TRAIL  
**City-St-Zip:** MERRITT ISLAND, FL 32952 US

**Title:** MGRM  
**Name:** CLAYTON, ROBERT E  
**Address:** 3525 S. TROPICAL TRAIL  
**City-St-Zip:** MERRITT ISLAND, FL 32952 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:** JAN H. CLAYTON

MGRM

04/30/2011

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