

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000131550

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

**Entity Name:** WEIGHT LOSS & WELLNESS SUPPLEMENTS, LLC

**Current Principal Place of Business:**

2801 S MACDILL AVE.  
TAMPA, FL 33629 US

**New Principal Place of Business:**

14310 N DALE MABRY HWY  
SUITE 300  
TAMPA, FL 33618 US

**Current Mailing Address:**

2801 S MACDILL AVE.  
TAMPA, FL 33629 US

**New Mailing Address:**

14310 N DALE MABRY HWY  
SUITE 300  
TAMPA, FL 33618 US

**FEI Number:** 45-3843416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
SUITE A  
TAMPA, FL 33612 US

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

PENA, MARK  
334 S HYDE PARK AVE  
SECOND FLOOR  
TAMPA, FL 33606 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: MARK PENA

02/17/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: IMD COMPANIES INC  
Address: 14310 N DALE MABRY HWY SUITE 300  
City-St-Zip: TAMPA, FL 33618 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: IMD COMPANIES INC

MGRM

02/17/2012

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