

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003431

FILED
Apr 30, 2009
Secretary of State

Entity Name: WEIGHT LOSS SOLUTIONS, LLC

Current Principal Place of Business:

PO BOX 2007
NEW SMYRNA BEACH, FL 32170

New Principal Place of Business:

5275 S ATLANTIC AVE
UNIT 1208
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

PO BOX 2007
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 06-1658287 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THURLOW, ROBERT S
415 CANAL ST
NEW SMYRNA BEACH, FL 321687009 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: MGRM () Delete
Name: EDWARDS, L. STEVENS
Address: 5275 S ATLANTIC AVE., UNIT 1208
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: EDWARDS, L STEVENS

MGRM

04/30/2009

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