MU200003431

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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2010 HAY 21 PM 3: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE

MAY 24 2010

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MOD-3431



May 4, 2010

L. STEVENS EDWARDS 5275 S. ATLANTIC AVE NEW SMYRNA BEACH, FL 32169

SUBJECT: WEIGHT LOSS SOLUTIONS, LLC

Ref. Number: M02000003431

We have received your document for WEIGHT LOSS SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days for your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 810A00011058

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COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: WG1647 LOSS SOLUTIONS LLC (Name of Foreign Limited Liability Company)	
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person)	
WEIGHT LOSS SALUTIONS LLC (Firm/Company)	
5275 S. ATLAWIC AVE.	
Mew 8th 4km BEDCH, FL. 32169 (City/State and Zip Code)	A
For further information concerning this matter, please call:	
(Name of Person) at (266) Ut-1444 (Area Code & Daytime Telephone Number	TARY (
(Name of Person) (Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	TATE ORIDA
Enclosed is a check for the following amount:	

□ \$55 Filing Fee & Certified Copy

□ \$30 Filing Fee & Certificate of Status

□ \$25 Filing Fee

□ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

(Name of limited liability company)
MCIAZA
(Jurisdiction of its organization)
LLC 13678 -02
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
5275 S. ATLAUTIC AUB CHIT WOY (Mailing address)
HEW 8M4RM BOACH FL. 32169 ALLAHARY City/State/Zip) ALLAHARY ASSET ASSE
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
L- Colors Valuend
(Signature of member or authorized representative of a member)
MBYENS ED WARDS
(Typed or printed name of signee)

(Filing Fee: \$25.00

schnissia.