

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90616 013 \*\*\*\*50.00

DOCUMENT # M02000003431

1. Entity Name

WEIGHT LOSS SOLUTIONS, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

NEW SMYRNA BEACH

3. Mailing Address

PO BOX 2007

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

NEW SMYRNA BEACH, FL

4. FEI Number

06-1658287

Applied For

Not Applicable

Zip

Country

Zip

32170

Country

USA

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT S. THURLOW

Street Address (P.O. Box Number is Not Acceptable)

415 CANAL ST.

City

NEW SMYRNA BEACH

FL

Zip Code

32168

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE: MANAGING MEMBER  
NAME: L. STEVENS EDWARDS  
STREET ADDRESS: 3275 S. ATLANTIC AV.  
CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32169

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

*L. Stevens Edwards*

L. STEVENS EDWARDS

4/4/03

386-428-1484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)