

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000177001

Entity Name: LIVINGSTON I WEIGHTLOSS, LLC

Current Principal Place of Business:

509 S. HYDE PARK AVE
TAMPA, FL 33606

Current Mailing Address:

509 S. HYDE PARK AVE
TAMPA, FL 33606

FEI Number: 36-4776952

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TREBON, COLETTE ESQ.
509 S HYDE PARK AVE
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: COLETTE TREBON

03/26/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER, CEO
Name PETRANICK, BRIAN
Address 509 S. HYDE PARK AVE
City-State-Zip: TAMPA FL 33606

Title MANAGER, CFO
Name COOK, SHARLA
Address 509 S. HYDE PARK AVE
City-State-Zip: TAMPA FL 33606

Title COO
Name OBRINGER, CHAROLETTE
Address 509 S. HYDE PARK AVE
City-State-Zip: TAMPA FL 33606

Title GENERAL COUNSEL
Name TREBON, COLETTE
Address 509 S. HYDE PARK AVE
City-State-Zip: TAMPA FL 33606

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: COLETTE TREBON

GENERAL COUNSEL

03/26/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date