

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062335

Entity Name: OPTIMAL HEALTH, LLC

Current Principal Place of Business:

177 VIA HAVARRE
MERRITT ISLAND, FL 32953

Current Mailing Address:

177 VIA HAVARRE
MERRITT ISLAND, FL 32953 US

FEI Number: 04-3797620

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LALUMIERE, BRIANNA
177 VIA HAVARRE
MERRITT ISLAND, FL 32953 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name LALUMIERE, BRIANNA
Address 177 VIA HAVARRE
City-State-Zip: MERRITT ISLAND FL 32953

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: BRIANNA LALUMIERE

OWNER

04/22/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date