

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000062335

**Entity Name:** OPTIMAL HEALTH, LLC

**Current Principal Place of Business:**

1179 POTOMAC DR  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

1179 POTOMAC DR  
MERRITT ISLAND, FL 32952 US

**FEI Number:** 04-3797620

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LALUMIERE, BRIANNA  
1179 POTOMAC DR  
MERRITT ISLAND, FL 32952 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 1179 POTOMAC DR  
City-State-Zip: MERRITT ISLAND FL 32952

*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**

**03/06/2024**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date