

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000062335

**Entity Name:** OPTIMAL HEALTH, LLC

**Current Principal Place of Business:**

843 VIRGINIA ST  
DUNEDIN, FL 34698

**Current Mailing Address:**

843 VIRGINIA ST  
DUNEDIN, FL 34698 US

**FEI Number:** 04-3797620

**Certificate of Status Desired:** No

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

LALUMIERE, BRIANNA  
843 VIRGINIA ST  
DUNEDIN, FL 34698 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 740 VORTEX AVE  
City-State-Zip: HENDERSON NV 89002

*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**

**01/18/2018**

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

\_\_\_\_\_ Date