

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000094136

Entity Name: OPTIMAL FITNESS LLC

Current Principal Place of Business:

10930 NW 2ND CT.
MIAMI, FL 33168

Current Mailing Address:

10930 NW 2ND CT.
MIAMI, FL 33168

FEI Number: 27-1029489

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, ABED A
10930 NW 2ND COURT
MIAMI, FL 33168 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 MR.
Name JOHNSON, ABED A
Address 10930 NW 2ND CT
City-State-Zip: MIAMI FL 33168

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: ABED A. JOHNSON

OWNER

04/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date