

**2020 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           MANAGER  
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 JOHNSON

**MANAGER**

**06/08/2020**

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

\_\_\_\_\_  
Date