

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094136

**Entity Name:** OPTIMAL FITNESS LLC

**Current Principal Place of Business:**

8950 NE 2ND AVE  
APT 207  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

8950 NE 2ND AVE  
APT 207  
MIAMI SHORES, FL 33138 US

**FEI Number:** 27-1029489

**Certificate of Status Desired:** Yes

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

JOHNSON, ABED A  
8950 NE 2ND AVE  
APT 207  
MIAMI SHORES , FL 33138 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        8950 NE 2ND AVE  
                  APT 207  
City-State-Zip: MIAMI SHORES FL 33138

*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**

**05/01/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date