### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L14000102540

Entity Name: OPTIMAL SALUD, LLC

## **Current Principal Place of Business:**

7100 W. 20TH AVE. SUITE 706 HIALEAH, FL 33016

## **Current Mailing Address:**

7100 W. 20TH AVE. SUITE 706 HIALEAH, FL 33016 US

#### FEI Number: 47-1249065

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

DCMORALES LAW 13499 BISCAYNE BOULEVARD SUITE 107 NORTH MIAMI, FL 33181 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: DERRICK C. ESQ.

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

TitleMGRNamePARDAVE, CECILAddress7100 W. 20TH AVE., SUITE 706

City-State-Zip: HIALEAH FL 33016

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.

MGR

# SIGNATURE: CECIL E. PARDAVE

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 09, 2024 Secretary of State 2504606087CC

Certificate of Status Desired: No

02/09/2024 Date

02/09/2024 Date