# 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000305098

Entity Name: OPTIMAL ESTATES 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: 85-1332335

## Name and Address of Current Registered Agent:

OPTIMAL FITNESS LLC 10930 NW 2ND CT 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

## Authorized Person(s) Detail :

Title	MGR
Name	JOHNSON, ABED
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 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jun 08, 2020 Secretary of State 1507925982CC

Certificate of Status Desired: Yes

Date