

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000068111

Entity Name: HEYMAN'S OPTIMAL HEALTH LLC

Current Principal Place of Business:

8482 EGRET MEADOW LANE
WEST PALM BEACH, FL 33412

Current Mailing Address:

8482 EGRET MEADOW LANE
WEST PALM BEACH, FL 33412 US

FEI Number: 81-1222641

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEYMAN, MICHELLE
8482 EGRET MEADOW LANE
WEST PALM BEACH, FL 33412 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 AMBR
Name HEYMAN, MICHELLE
Address 8482 EGRET MEADOW LANE
City-State-Zip: WEST PALM BEACH FL 33412

Title AMBR
Name HEYMAN, BRADLEY S
Address 8482 EGRET MEADOW LANE
City-State-Zip: WEST PALM BEACH FL 33412

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: MICHELLE B HEYMAN

PRESIDENT

01/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date