

**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