

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90005 004 ****50.00

DOCUMENT # L01000006078

1. Entity Name

OPTIMAL ENGINEERING SYSTEMS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

661 Beville Rd.

3. Mailing Address

661 Beville Rd

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

Suite 206

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

Country

FL 32119

USA

Zip

Country

32119

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3709853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

120 Gray Dove Ct.

City

Daytona Beach

FL

Zip Code

32119

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Deborah M Osborne

Signature, typed or printed name of registered agent and title if applicable

3/4/03
DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM	Osborne, Deborah M	661 Beville Rd suite 206 Daytona, Beach, FL 32119
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Deborah M Osborne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/4/03

Date

386 767-1802

Daytime Phone #

CR2E083B (12/02)