2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000015657

1. Entity Name
OPTIMUM LIFESTYLE, LLC

Principal Place of Business	Mailing Address
832 SWEETWATER ISLAND CIRCLE LONGWOOD, FL 32779 US	832 SWEETWATER ISLAND CIRCLE LONGWOOD, FL 32779 US

DO NOT WRITE IN THIS SPACE

03122004No Chg-LLC CR2E083 (10/03)

4. FEI Number
03-0461200
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RYDER, KELLY M
832 SWEETWATER ISLAND CIRCLE
LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

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 _____ Kelly M. Ryder March 12, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000088781
03/15/04-80064-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RYDER, KELLY M
STREET ADDRESS	832 SWEETWATER ISLAND CIRCLE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ Kelly M. Ryder March 12, 2004 (407) 230-8851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #