

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000015657

1. Entity Name
OPTIMUM LIFESTYLE, LLC



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

Mailing Address
**832 SWEETWATER ISLAND CIRCLE
LONGWOOD, FL 32779 US**



01052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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 _____

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

(NOTE: Registered Agent signature required when resigning)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RYDER, KELLY M
STREET ADDRESS	832 SWEETWATER ISLAND CIRCLE
CITY-ST-ZIP	LONGWOOD, FL 32779

TITLE	
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03/07/05-80023-004 50.00

**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 *[Signature]*

Mar. 7, 2005

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

Date

Daytime Phone #