

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90110 045 *****50.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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
83 SWEETWATER ISLAND CIRCLE
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name

Ryder, Kelly M.

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

**832 Sweetwater Island Circle
Longwood, FL 32779**

City

Longwood

FL

Zip Code
32779

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

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

Kelly M. Ryder

(NOTE: Registered Agent signature required when reinstating)

8-14-03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

REQUIRE Kelly M. Ryder 1-30-03 407-869-5432

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

Date

Daytime Phone #

CR2E083 (10/02)