2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State
07-18-2005 90109 026 ****55.00

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1. Entity Name
OPTIMAL LIFE, LLC

Principal Place of Business	Mailing Address
1621 COLLINS AVE., SUITE #303 MIAMI BEACH, FL 33139	1621 COLLINS AVE., SUITE #303 MIAMI BEACH, FL 33139

07062005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1860 West Avenue		1860 West Ave	
Suite, Apt. #, etc.: 230		Suite, Apt. #, etc.: 230	
City & State: Miami Beach, FL		City & State: Miami Beach, FL	
Zip: 33139	Country: USA	Zip: 33139	Country: USA

4. FEI Number: 16-1701248 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREENE, GRAHAM M 1621 COLLINS AVE., SUITE #303 MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: ______________________ 7-6-05 305.776.1683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #