

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062335

Entity Name: OPTIMAL HEALTH, LLC

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

2635 BIG PINE DRIVE
HOLIDAY, FL 34691

New Principal Place of Business:

1380 DUNCAN LOOP S #104
DUNEDIN, FL 34698

Current Mailing Address:

2635 BIG PINE DRIVE
HOLIDAY, FL 34691

New Mailing Address:

1380 DUNCAN LOOP S #104
DUNEDIN, FL 34698

FEI Number: 04-3797620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LALUMIERE, BRIANNA
2635 BIG PINE DRIVE
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

LALUMIERE, BRIANNA
1380 DUNCAN LOOP S #104
DUNEDIN, FL 34698 US

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.

SIGNATURE: BRIANNA LALUMIERE

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LALUMIERE, BRIANNA
Address: 2635 BIG PINE DRIVE
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LALUMIERE, BRIANNA
Address: 1380 DUNCAN LOOP S #104
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIANNA LALUMIERE

MGR

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date