

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095059

FILED
Apr 09, 2009
Secretary of State

Entity Name: OPTIMAL IDM, LLC

Current Principal Place of Business:

2209 COLLIER PKWY
STE 140
LAND O LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

2209 COLLIER PKWY
STE 140
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 01-0844285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUCOIN, LAWRENCE T
22528 MAGNOLIA TRACE BLVD
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

AUCOIN, LAWRENCE T
22528 MAGNOLIA TRACE BLVD
LUTZ, FL 33549 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: LAWRENCE T. AUCOIN

04/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THE AUCOIN GROUP INC.
Address: 22528 MAGNOLIA TRACE BLVD
City-St-Zip: LUTZ, FL 33549

Title: MGR () Delete
Name: MOSQUITO GULCH SOLUTIONS INC.
Address: 820 W AMELIA AVE
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: CUTWATER CREATIONS INC.
Address: POB 36
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAWRENCE T. AUCOIN

MGR

04/09/2009

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