

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036943

FILED
Apr 05, 2008
Secretary of State

Entity Name: OPTIMUM FACILITIES, LLC

Current Principal Place of Business:

4506 HICKORY CREEK LN.
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

4506 HICKORY CREEK LN.
BRANDON, FL 33511 US

New Mailing Address:

P.O. BOX 6987
BRANDON, FL 33508 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKWELL, JOEL T
4506 HICKORY CREEK LN.
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES () Change (X) Addition
Name: BLACKWELL, JOEL T
Address: 4506 HICKORY CREEK LN.
City-St-Zip: BRANDON, FL 33511

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: JOEL T. BLACKWELL

PRES

04/05/2008

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