

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086815

FILED
Apr 29, 2008
Secretary of State

Entity Name: OPTIMAL WELLNESS SOLUTIONS, LLC

Current Principal Place of Business:

13125 WILCOX ROAD #10103
LARGO, FL 33774 US

New Principal Place of Business:

5112 LONG LAKE CIRCLE
#108
LAKELAND, FL 33805 US

Current Mailing Address:

13125 WILCOX ROAD #10103
LARGO, FL 33774 US

New Mailing Address:

5112 LONG LAKE CIRCLE
#108
LAKELAND, FL 33805 US

FEI Number: 26-0777135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST. SUITE 500
ORLANDO, FL 32804 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: MGRM () Delete
Name: THOMPSON, YVETTE
Address: 13125 WILCOX ROAD #10103
City-St-Zip: LARGO, FL 33774 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THOMPSON, YVETTE
Address: 5112 LONG LAKE CIRCLE, #108
City-St-Zip: LAKELAND, FL 33805 US

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: YVETTE C. THOMPSON, AP

MS.

04/29/2008

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