

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106570

FILED
Sep 01, 2009
Secretary of State

Entity Name: OPTIMAL LIFESTYLE MANAGEMENT, LLC

Current Principal Place of Business:

3014 CLUBVIEW DRIVE
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

3014 CLUBVIEW DRIVE
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 26-3722202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PIETARINEN, MAUREEN
3507 DRISTOL AVE
SPRING HILL, FL 34609 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: RIVERA, LESLIE M
Address: 3014 CLUBVIEW DRIVE
City-St-Zip: ORLANDO, FL 32822

Title: MGRM () Delete
Name: FUNK, RAYMOND L
Address: 3014 CLUBVIEW DRIVE
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES:

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: RAYMOND FUNK

MGRM

09/01/2009

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