

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000056615

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** OPTIMAL METABOLISM SERVICES, LLC

**Current Principal Place of Business:**

23612 ABERCORN LANE  
LAND O' LAKES, FL 34639 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2853  
LAND O' LAKES, FL 34639 US

**New Mailing Address:**

**FEI Number:** 27-0349744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OCHAL, TARA M  
23612 ABERCORN LANE  
LAND O' LAKES, FL 34639 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:** MGR  
**Name:** OCHAL, TARA M  
**Address:** 23612 ABERCORN LANE  
**City-St-Zip:** LAND O' LAKES, FL 34639 US

**Title:** MGR  
**Name:** MAY, JENNIFER L  
**Address:** 3442 EAST LAKE DRIVE  
**City-St-Zip:** LAND O' LAKES, FL 34639 US

I hereby 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:** TARA M. OCHAL

MGR

04/05/2011

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