

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000032791

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ORIGIN OF LIFE MASSAGE THERAPY / OPTIMIZED FOODS LLC

**Current Principal Place of Business:**

6099 EATON ST. ( MAILING ADDRESS ONLY:)  
MOBILE BUSINESS  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

1536 OLIVE TREE C ( MAILING ADDRESS ONLY:)  
MOBILE BUSINESS  
WEST PALM BEACH, FL 33413

**Current Mailing Address:**

6099 EATON ST.  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

1536 OLIVE TREE C ( MAILING ADDRESS ONLY:)  
MOBILE BUSINESS  
WEST PALM BEACH, FL 33413

**FEI Number:** 45-0658418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THROWER, DAVID W  
6099 EATON ST.  
WEST PALM BEACH, FL 33411 US

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

THROWER, DAVID W  
1536 OLIVE TREE CIR  
WEST PALM BEACH, FL 33413 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: DAVID W. THROWER

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR  
Name: THROWER, DAVID W  
Address: 1536 OLIVE TREE CIR  
City-St-Zip: WEST PALM BEACH, FL 33413 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: DAVID W. THROWER

CEO

04/30/2012

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