2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2012
Secretary of State

DOCUMENT# L11000113935

Entity Name: OPTIMAL LIVING CLINIC, LLC.

Current Principal Place of Business:

506 SHORE DRIVE
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

506 SHORE DRIVE WEST
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDREASEN, ALLAN
5517 VAN DYKE ROAD
LUTZ, FL 33558 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
Name: CHEEVER, SAMANTHA
Address: 506 SHORE DRIVE WEST
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM
Name: CHEEVER, RICHARD
Address: 506 SHORE DRIVE WEST
City-St-Zip: OLDSMAR, FL 34677

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 Statues.

SIGNATURE: SAMANTHA CHEEVER MGRM 04/29/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date