

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000153578

Entity Name: OPTIMAL HEALTH WITH KRISTY, LLC

Current Principal Place of Business:

15 ASPEN LEAF DRIVE
PONTE VEDRA, FL 32081

Current Mailing Address:

15 ASPEN LEAF DRIVE
PONTE VEDRA, FL 32081 US

FEI Number: 84-1945987

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VILLAGE TAX SERVICES LLC
1540 INTERNATIONAL PARKWAY
SUITE 2000
LAKE MARY, FL 32746 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: LOREN GILL

02/24/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name ROGAN, KRISTA
Address 15 ASPEN LEAF DRIVE
City-State-Zip: PONTE VEDRA FL 32081

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTA ROGAN

AMBR

02/24/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date