

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000009204

**Entity Name:** SANNAS OPTIMAL HEALTH XL LLC

**Current Principal Place of Business:**

2611 N RIVERSIDE DR  
203  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

2611 N RIVERSIDE DR  
203  
POMPANO BEACH, FL 33062

**FEI Number:** 82-3093427

**Certificate of Status Desired:** No

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

DANIELSON, SUSANNE  
2611 N RIBVERSID DR  
203  
POMPANO BEACH, FL 33062 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name DANIELSSON, SUSANNE  
Address 2611 N RIVERSIDE DR #203  
City-State-Zip: POMPANO BEACH FL 33062

*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:** SUSANNE DANIELSSON

**MANAGER**

**06/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date