

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000357432

Entity Name: OPTIMAL LIVING AND CARE, LLC

Current Principal Place of Business:

5103 RAVENSDALE WAY
TAMPA, FL 33624

Current Mailing Address:

5103 RAVENSDALE WAY
TAMPA, FL 33624

FEI Number: 88-3807879

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROUSE, WENDY L
3511 NE 183 LANE
GAINESVILLE, FL 32609 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 COO
Name LEE, KARMELYN T
Address 5103 RAVENSDALE WAY
City-State-Zip: TAMPA FL 33624

Title CEO
Name ROUSE, MEGAN A
Address 9912 BOSQUE CREEK CIRCLE, APT
204
City-State-Zip: TAMPA FL 33619

Title CFO
Name ROUSE, WENDY L
Address 3511 NE 183 LANE
City-State-Zip: GAINESVILLE FL 32609

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: KARMELYN LEE

COO

02/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date