

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000005117

**Entity Name:** OPTIMAL MOMENTS, LLC

**Current Principal Place of Business:**

6922 W LINEBAUGH AVE  
SUITE 101-C  
TAMPA, FL 33625

**Current Mailing Address:**

6922 W LINEBAUGH AVE  
SUITE 101-C  
TAMPA, FL 33625 US

**FEI Number:** 47-1397409

**Certificate of Status Desired:** No

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

LOPES, KAYLA  
566 ORNAGE DR, APT 42  
ALTAMONTE SPRINGS, FL 32701 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           OWN  
Name           SADBERRY, SHERIECE DR  
Address       6922 W LINEBAUGH AVE  
                  SUITE 101-C  
City-State-Zip: TAMPA FL 33625

*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:** SHERIECE SADBERRY

**OWNER**

**03/28/2020**

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

\_\_\_\_\_  
Date