

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000104514

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** OPTIMA PROPERTIES AND INVESTMENTS LLC

**Current Principal Place of Business:**

18851 NE 29 AVE  
733  
AVENTURA, FL 33178

**New Principal Place of Business:**

18851 NE 29 AVE  
733  
AVENTURA, FL 33180

**Current Mailing Address:**

18851 NE 29 AVE  
733  
AVENTURA, FL 33178

**New Mailing Address:**

18851 NE 29 AVE  
733  
AVENTURA, FL 33180

**FEI Number:** 27-1224976

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WAYNE, GEOFFREY M ESQ.  
2929 SW THIRD AVE.  
SUITE 330  
MIAMI, FL 331292710 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: P  
Name: ALARCON, PATRICIO  
Address: 18851 NE 29 AVE  
City-St-Zip: AVENTURA, FL 33180

Title: S  
Name: CRAWFORD, KARLA  
Address: 18851 NE 29 AVE  
City-St-Zip: AVENTURA, FL 33180

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 Statutes.

SIGNATURE: KARLA CRAWFORD

S

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date