

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000013645

**Entity Name:** OPTONETIC LLC

**Current Principal Place of Business:**

6901 TPC DRIVE  
SUITE 500  
ORLANDO, FL 32822

**Current Mailing Address:**

6901 TPC DRIVE  
SUITE 500  
ORLANDO, FL 32822

**FEI Number:** 59-3738966

**Certificate of Status Desired:** Yes

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

LE, TAM VD  
14269 DELJEAN CIRCLE  
ORLANDO, FL 32828 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 MGRM  
Name LE, TAM  
Address 14269 DELJEAN CIRCLE  
City-State-Zip: ORLANDO FL 32828

Title MGRM  
Name KIM, JOSEPH  
Address 2832 DEERFIELD ST  
City-State-Zip: ST CLOUD FL 34771

*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:** TAM LE

**MANAGING DIRECTOR**

**03/29/2016**

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

\_\_\_\_\_  
Date