

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075235

Entity Name: MIAMI OPTI MOMS LLC

Current Principal Place of Business:

609 SAN JUAN DRIVE
CORAL GABLES, FL 33143

Current Mailing Address:

609 SAN JUAN DRIVE
CORAL GABLES, FL 33143

FEI Number: 20-5299341

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROEKER, DOUGLAS C
44 W. FLAGLER STREET
SUITE 1500
MIAMI, FL 33130 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 SCHEUERMANN, LYNDA
Address 609 SAN JUAN DRIVE
City-State-Zip: CORAL GABLES FL 33143

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: LYNDA CARSON SCHEUERMANN

MGR / OWNER

04/25/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date