

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000002356

**Entity Name:** OPTIMA FIXED INCOME, LLC**Current Principal Place of Business:**200 SOUTH BISCAYNE BLVD SUITE 5500  
MIAMI, FL 33131**Current Mailing Address:**200 SOUTH BISCAYNE BLVD SUITE 5500  
MIAMI, FL 33131 US**FEI Number:** 32-0271174**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KORF, MORDECHAI  
200 SOUTH BISCAYNE BOULEVARD  
SUITE 5500  
MIAMI, FL 33131 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:** MORDECHAI KORF

06/13/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AUTHORIZED MEMBER, MANAGER
Name	KORF, MORDECHAI
Address	200 SOUTH BISCAYNE BLVD SUITE 5500
City-State-Zip:	MIAMI FL 33131

Title	AUTHORIZED MEMBER
Name	LABER, URIEL
Address	200 SOUTH BISCAYNE BLVD SUITE 5500
City-State-Zip:	MIAMI FL 33131

Title	AUTHORIZED MEMBER
Name	LOZYNSKY, VOLODYMYR
Address	200 SOUTH BISCAYNE BLVD SUITE 5500
City-State-Zip:	MIAMI FL 33131

*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:** MORDECHAI KORF**AUTHORIZED MEMBER & 06/13/2019  
MANAGER**

Electronic Signature of Signing Authorized Person(s) Detail

Date