

2018 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

04/13/2018

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

MANAGING MEMBER

04/13/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date