2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2016
Secretary of State
CC1100900233

DOCUMENT# L14000156234

Entity Name: OPTIMUM INSURANCE, LLC

Current Principal Place of Business:

4941 NW 86TH AVENUE
LAUDERHILL, FL 33351

Current Mailing Address:

4941 NW 86TH AVENUE
LAUDERHILL, FL 33351

FEI Number: 47-2025704

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OPTIMUM INSURANCE LLC
4941 NW 86TH AVE
LAUDERHILL, FL 33351 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: CHRISTINE WILLIAMS 04/30/2016

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	CHRISTINE, WILLIAMS M
Address	4941 NW 86TH AVENUE
City-State-Zip:	LAUDERHILL FL 33351

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: CHRISTINE WILLIAMS MANAGER 04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date