

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000073783

**Entity Name:** OPTIMUS INSURANCE SERVICES LLC

**Current Principal Place of Business:**

10200 W STATE ROAD 84  
101  
DAVIE, FL 33324

**Current Mailing Address:**

10200 W STATE ROAD 84  
101  
DAVIE, FL 33324 US

**FEI Number:** 81-2221477

**Certificate of Status Desired:** Yes

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

J & M LEGACY GROUP LLC  
7548 SOUTH US HWY 1  
314  
PORT ST LUCIE, FL 34952 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            PRES  
Name            REYES, LUISANNA  
Address        10200 W STATE ROAD 84  
                  101  
City-State-Zip: DAVIE FL 33324

*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:** LUISANNA REYES

**OWNER**

**07/26/2021**

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

\_\_\_\_\_ Date