

2024 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: No

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

01/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date