Electronic Signature of Signing Authorized Person(s) Detail

#### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000181809

Entity Name: OPTIMAL DIVESTITURES, LLC

#### **Current Principal Place of Business:**

980 NW NORTH RIVER DRIVE SUITE 128 MIAMI, FL 33136

### **Current Mailing Address:**

980 NW NORTH RIVER DRIVE SUITE 128 MIAMI, FL 33136

#### FEI Number: 81-4589073

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

Electronic Signature of Registered Agent

BENDER, HARRY K 980 NW NORTH RIVER DRIVE SUITE 128 MIAMI, FL 33136 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:

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	RADOSEVICH, MARK	Name	VALENTINE, ROBERT
Address	980 NW NORTH RIVER DRIVE	Address	980 NW NORTH RIVER DRIVE
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	MIAMI FL 33136

# 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: ROBERT VALENTINE

MANAGER

02/20/2017

Date

FILED Feb 20, 2017 Secretary of State CC5466695413

Certificate of Status Desired: No

Date