

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000130561

**Entity Name:** OPTIMUM DLD HAULING, LLC

**Current Principal Place of Business:**

5783 CROWNTREE LN APT 203  
ORLANDO, FLORIDA 32829

**Current Mailing Address:**

5783 CROWNTREE LN APT 203  
ORLANDO, FLORIDA 32829 UN

**FEI Number: 87-1436618**

**Certificate of Status Desired: Yes**

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

OLIVERAS, DAVID  
5783 CROWNTREE LN APT 203  
ORLANDO, FL 32829 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: DAVID OLIVERAS**

**09/19/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name OLIVERAS, DAVID  
Address 5783 CROWNTREE LN APT 203  
City-State-Zip: ORLANDO FLORIDA 32829

Title AP  
Name MERCED, LUZ M  
Address 5783 CROWNTREE LN APT 203  
City-State-Zip: ORLANDO FLORIDA 32829

*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: DAVID OLIVERAS**

**MANAGER**

**09/19/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date