

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRET
DIVISION
STATE
TICKETS

06 FEB -8 AM 10:55

DOCUMENT # L04000037197 1. Entity Name OPTIMUS, LLC			
Principal Place of Business 1607 U.S. HIGHWAY 90 EAST MADISON, FL 32340		Mailing Address 1607 U.S. HIGHWAY 90 EAST MADISON, FL 32340	
2. Principal Place of Business 1607 US Hwy 90 East Suite, Apt. #, etc.		3. Mailing Address P.O. Box 157 Suite, Apt. #, etc.	
City & State Madison, FL Zip 32340		City & State Madison, FL Zip 32341	
Country US		Country US	
4. FEI Number 20-1147252		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, JAMES B IV 420 LAKE SHORE DR MADISON, FL 32340		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 1/30/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	MGRM James B Davis IV 151 Se Lake Shore Dr Madison, FL 32340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	MGRM Jacob Kinza Johnson 1607 US Hwy 90 East Madison, FL 32340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	600066207486 02/20/06--01049--023 **200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	REINSTATEMENT 05-06	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 1/30/06 8502514603 <small>Daytime Phone #</small>	