

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101066

FILED
Jan 04, 2008
Secretary of State

Entity Name: OPTIMA PRIVATE WEALTH MANAGEMENT, LLC

Current Principal Place of Business:

549 N. WYMORE ROAD SUITE #106
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

549 N. WYMORE ROAD SUITE #106
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 26-0892880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAROFALO, GARY
1521 TRACY DEE ROAD
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

GAROFALO, GARY B PRES
549 N. WYMORE ROAD
SUITE 106
MAITLAND, FL 32751 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: GARY B. GAROFALO

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GAROFALO, GARY
Address: PO BOX 160636
City-St-Zip: ALTAMONTE SPRINGS, FL 32715

Title: MGRM () Delete
Name: HRONEK, JOHN
Address: 1320 WALTHAM AVENUE
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: GARY B. GAROFALO

PRES

01/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date