

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000104514

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** OPTIMA PROPERTIES AND INVESTMENTS LLC

**Current Principal Place of Business:**

18851 NE 29 AVE  
733  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

18851 NE 29 AVE  
733  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 27-1224976

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WAYNE, GEOFFREY M ESQ.  
2929 SW THIRD AVE.  
SUITE 330  
MIAMI, FL 331292710 US

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

OPTIMA PROPERTIES AND INVESTMENTS.US  
18851 NE 29 AVE  
733  
AVENTURA, FL 33180 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: PATRICIO ALARCON

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: ALARCON, PATRICIO  
Address: 18851 NE 29 AVE  
City-St-Zip: AVENTURA, FL 33180

Title: S  
Name: CRAWFORD, KARLA  
Address: 18851 NE 29 AVE  
City-St-Zip: AVENTURA, FL 33180

Title: D  
Name: ALARCON, ANDRES  
Address: 18851 NE 29 AVE SUITE 733  
City-St-Zip: AVENTURA, FL 33180

I hereby 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: KARLA CRAWFORD

S

04/30/2012

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