

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000092051

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** FORTIS OPTIMA, LLC

**Current Principal Place of Business:**

15436 NORTH FLORIDA AVENUE  
SUITE 200  
TAMPA, FL 33613 US

**New Principal Place of Business:**

4401 W. KENNEDY BLVD., 3RD FLOOR  
TAMPA, FL 33609 US

**Current Mailing Address:**

15436 NORTH FLORIDA AVENUE  
SUITE 200  
TAMPA, FL 33613 US

**New Mailing Address:**

4401 W. KENNEDY BLVD., 3RD FLOOR  
TAMPA, FL 33609 US

**FEI Number:** 45-2987113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALERMO, JAMES D  
15436 NORTH FLORIDA AVENUE  
SUITE 200  
TAMPA, FL 33613 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** KOBEL, EDWARD M  
**Address:** 4401 WEST KENNEDY BOULEVARD, 3RD FLOOR  
**City-St-Zip:** TAMPA, FL 33609 US

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: EDWARD M. KOBEL

MGRM

03/08/2012

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