

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000114286

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** OPTIMA INSURANCE GROUP, LLC

**Current Principal Place of Business:**

1007 E BOYER ST  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

1007 E BOYER ST  
TARPON SPRINGS, FL 34689 UN

**Current Mailing Address:**

2438 E ORANGEHILL AVE  
PALM HARBOR, FL 34683

**New Mailing Address:**

**FEI Number:** 45-3572034      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ZAMOT, DARIENNE M  
2438 E ORANGEHILL AVE  
PALM HARBOR, FL 34683 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:** MGR  
**Name:** ZAMOT, DARIENNE M  
**Address:** 2438 E ORANGEHILL AVE  
**City-St-Zip:** PALM HARBOR, FL 34683

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: DARIENNE M ZAMOT      MGR      04/25/2012

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