

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000090985

**Entity Name:** OPTIMIFY LLC

**Current Principal Place of Business:**

11231 NW 20 ST  
140121  
MIAMI, FL 33172

**Current Mailing Address:**

11231 NW 20 ST  
140121  
MIAMI, FL 33172 US

**FEI Number:** 82-1306604

**Certificate of Status Desired:** Yes

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

SANCHEZ, JOSE F  
11231 NW 20 ST  
140121  
DORAL, FL 33172 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	P	Title	VP
Name	VIVAS, LUIS G	Name	IRIGOYEN, MARIELBA
Address	11231 NW 20 ST 140121	Address	11231 NW 20 ST 140121
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33172
Title	GENERAL MANAGER, MANAGER	Title	SECRETARY
Name	VIVAS, VANESSA ISABEL	Name	SANCHEZ, JOSE F
Address	11231 NW 20 ST 140121	Address	11231 NW 20 ST 140121
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33172

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIELBA IRIGOYEN

VP

03/16/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date