

**2023 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

**FILED**  
**Feb 11, 2023**  
**Secretary of State**  
**6925877295CC**

**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  
Name VIVAS, LUIS GERARDO  
Address 11231 NW 20 ST  
140121  
City-State-Zip: MIAMI FL 33172

Title VP  
Name IRIGOYEN, MARIELBA  
Address 11231 NW 20 ST  
140121  
City-State-Zip: MIAMI FL 33172

Title GENERAL MANAGER, MANAGER  
Name VIVAS, VANESSA ISABEL  
Address 11231 NW 20 ST  
140121  
City-State-Zip: MIAMI FL 33172

Title GENERAL MANAGER, MANAGER  
Name VIVAS, LUIS MANUEL  
Address 11231 NW 20 ST  
140121  
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 DE VIVAS

VP

02/11/2023

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

\_\_\_\_\_  
Date