

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000094397

**Entity Name:** OPHUS LLC

**Current Principal Place of Business:**

2900 NE 7TH AVE  
UNIT 4203  
MIAMI, FL 33137

**Current Mailing Address:**

2900 NE 7TH AVE  
UNIT 4203  
MIAMI, FL 33137 US

**FEI Number:** 82-1376043

**Certificate of Status Desired:** No

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

HETHINGTON, CLEOPHUS  
2900 NE 7TH AVE  
UNIT 4203  
MIAMI, FL 33137 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	MGR	Title	AMBR
Name	HETHINGTON, CLEOPHUS J JR	Name	PALMER, ARIELLE
Address	1531 NW 20TH STREET	Address	2900 NE 7TH AVE UNIT 4203
City-State-Zip:	HOMESTEAD FL 33030	City-State-Zip:	MIAMI FL 33137

*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:** ARIELLE PALMER

AMBR

09/18/2018

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

\_\_\_\_\_  
Date