

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000079817

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**5710827736CC**

**Entity Name:** OPTIMUM EL MAXIMO PARTNERS LLC

**Current Principal Place of Business:**

600 BRICKELL AVE., STE. 1570  
MIAMI, FL 33131

**Current Mailing Address:**

600 BRICKELL AVE., STE. 1570  
MIAMI, FL 33131 US

**FEI Number: 82-5024371**

**Certificate of Status Desired: No**

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

MARQUEVICH, GASTON  
600 BRICKELL AVE., STE. 1570  
MIAMI, FL 33131 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  
Name MARQUEVICH, GASTON  
Address 600 BRICKELL AVE., STE. 1570  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name URIBARREN, JAVIER  
Address 600 BRICKELL AVE., STE. 1570  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name MICHELLI, ANDREA  
Address 600 BRICKELL AVE., STE. 1570  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name HERMIDA, FEDERICO  
Address 600 BRICKELL AVE., STE. 1570  
City-State-Zip: MIAMI FL 33131

*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: GASTON MARQUEVICH**

**MANAGER**

**02/12/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date