

**2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L24000435586

**Entity Name:** OPTITRANZ, LLC

**Current Principal Place of Business:**

13225 VANTAGE WAY BLDG 100, STE 110  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

13225 VANTAGE WAY BLDG 100, STE 110  
JACKSONVILLE, FL 32218 US

**FEI Number:** 33-1540886

**Certificate of Status Desired:** No

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

RIVER CPA LLC  
1547 PETERS CREEK RD  
GREEN COVE SPRINGS, FL 32043 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:** STANLEY HUNT

04/15/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEM  
Name DETLEFSEN, JOHN  
Address 13225 VANTAGE WAY BLDG 100, STE 110  
City-State-Zip: JACKSONVILLE FL 32218

Title MEM  
Name JONES, JUSTIN  
Address 13225 VANTAGE WAY BLDG 100, STE 110  
City-State-Zip: JACKSONVILLE FL 32218

*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:** JOHN DETLEFSEN

MEMBER

04/15/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date