

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000008748

**Entity Name:** OPTIMUM CX, LLC

**Current Principal Place of Business:**

745 W MOANA LN #220  
RENO, NV 89509

**Current Mailing Address:**

P.O. BOX 3906  
STATELINE, NV 89449 US

**FEI Number:** 86-0952769

**Certificate of Status Desired:** No

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

JACKSON, SHANE  
6629 ST JAMES CROSSING  
UNIVERSITY PARK, FL 34201 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 CLAYPATCH, PETER  
Address P.O. BOX 3906  
City-State-Zip: STATELINE NV 89449

Title MGR  
Name JACKSON, SHANE  
Address 6629 ST JAMES CROSSING  
City-State-Zip: UNIVERSITY PARK FL 34201

*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:** PETER CLAYPATCH

CEO

03/12/2021

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

\_\_\_\_\_  
Date