

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000093046

**Entity Name:** CC DEVCO, LLC**Current Principal Place of Business:**135 SAN LORENZO AVE, STE 740  
CORAL GABLES, FL 33146**Current Mailing Address:**135 SAN LORENZO AVE, STE 740  
CORAL GABLES, FL 33146**FEI Number:** 26-4369130**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRAGG, K. LAWRENCE  
135 SAN LORENZO AVE, STE 750  
CORAL GABLES, FL 33146 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	PRESIDENT, CEO
Name	CARR, JAMES M
Address	135 SAN LORENZO AVE, STE 740
City-State-Zip:	CORAL GABLES FL 33146

Title	VP
Name	GRAGG, K. LAWRENCE
Address	135 SAN LORENZO AVE, STE 750
City-State-Zip:	CORAL GABLES FL 33146

Title	VP, SECRETARY, TREASURER
Name	HAROLD, EISENACHER L
Address	135 SAN LORENZO AVE, STE 740
City-State-Zip:	CORAL GABLES FL 33146

Title	VP
Name	MIYARES, ANDRES
Address	135 SAN LORENZO AVE, STE 740
City-State-Zip:	CORAL GABLES FL 33146

*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:** HAROLD EISENACHER

VP

03/26/2014

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