### 2016 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

## Name and Address of Current Registered Agent:

EISENACHER, HAROLD 135 SAN LORENZO AVE, STE 740 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: HAROLD EISENACHER			04/06/2016
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
Title	PRESIDENT, CEO	Title	VP
Name	CARR, JAMES	Name	GRAGG, K. LAWRENCE
Address	135 SAN LORENZO AVE, STE 740	Address	135 SAN LORENZO AVE, STE 750
City-State-Zip:	CORAL GABLES FL 33146	City-State-Zip:	CORAL GABLES FL 33146
Title	VP, TREASURER, ASST. SECRETARY	Title	VP, SECRETARY, ASST. TREASURER
Name	HAROLD, EISENACHER	Name	MIYARES, ANDRES
Address	135 SAN LORENZO AVE, STE 740	Address	135 SAN LORENZO AVE, STE 740
City-State-Zip:	CORAL GABLES FL 33146	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: JAMES CARR

04/06/2016

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Apr 06, 2016 Secretary of State CC5247625957

Certificate of Status Desired: No