

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000113266

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC1155342789**

**Entity Name:** OTE, LLC

**Current Principal Place of Business:**

2600 S. DOUGLAS ROAD,  
SUITE 510  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O DOUGLAS REGISTERED AGENTS LLC  
2600 S. DOUGLAS ROAD, STE 510  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-0523954

**Certificate of Status Desired:** No

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

DOUGLAS REGISTERED AGENTS LLC  
DOUGLAS REGISTERED AGENTS LLC  
2600 S. DOUGLAS ROAD, STE 510  
CORAL GABLES, FL 33134 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:** LIZ ROSELL

04/30/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name OKKAYAN DE EBKIAN, CLAUDIA E  
Address 2600 S. DOUGLAS ROAD,  
SUITE 510  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name EBKIAN, CARLOS E  
Address 2600 S. DOUGLAS ROAD,  
SUITE 510  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name TAMASHIRO, OSCAR  
Address 2600 S. DOUGLAS ROAD,  
SUITE 510  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name OKKAYAN DE TAMASHIRO, ALCIRA L  
Address 2600 S. DOUGLAS ROAD,  
SUITE 510  
City-State-Zip: CORAL GABLES FL 33134

*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:** OKKAYAN DE EBKIAN , CLAUDIA E

MGRM

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date