

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000113266

**Entity Name:** OTE, LLC

**Current Principal Place of Business:**

C/O JORGE RAMIREZ, COLDWELL BANKER  
4000 PONCE DE LEON BLVD, SUITE 700  
MIAMI, FL 33146

**Current Mailing Address:**

C/O JORGE RAMIREZ, COLDWELL BANKER  
4000 PONCE DE LEON BLVD, SUITE 700  
MIAMI, FL 33146 US

**FEI Number:** 46-0523954

**Certificate of Status Desired:** Yes

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

FLORIDA ANNUAL REPORT SERVICES INC  
2300 CORAL WAY  
MIAMI, FL 33145 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:** VIVIAN WILLIAMS

04/25/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name OKKAYAN DE EBKIAN, CLAUDIA E  
Address C/O JORGE RAMIREZ, COLDWELL BANKER  
4000 PONCE DE LEON BLVD, SUITE 700  
City-State-Zip: MIAMI FL 33146

Title MGRM  
Name EBKIAN, CARLOS E  
Address C/O JORGE RAMIREZ, COLDWELL BANKER  
4000 PONCE DE LEON BLVD, SUITE 700  
City-State-Zip: MIAMI FL 33146

Title MGRM  
Name OKKAYAN DE TAMASHIRO, ALCIRA L  
Address C/O JORGE RAMIREZ, COLDWELL BANKER  
4000 PONCE DE LEON BLVD, SUITE 700  
City-State-Zip: MIAMI 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:** CARLOS E. EBKIAN

MANAGER

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date