## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000113266

Entity Name: OTE, LLC

**Current Principal Place of Business:** 

232 ANDALUSIA AVE SUITE 202 CORAL GABLES. FL 33134

**Current Mailing Address:** 

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

Certificate of Status Desired: No FEI Number: 46-0523954

Name and Address of Current Registered Agent:

NCG MANAGEMENT LLC 232 ANDALUSIA AVE SUITE 202 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 04/24/2015

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **MGRM** Title **MGRM** 

Name OKKAYAN DE EBEKIAN, CLAUDIA E Name EBEKIAN, CARLOS E

Address 2600 S. DOUGLAS ROAD, Address 2600 S. DOUGLAS ROAD,

SUITE 510 SUITE 510

City-State-Zip: City-State-Zip: CORAL GABLES FL 33134 CORAL GABLES FL 33134

Title **MGRM** Title **MGRM** 

TAMASHIRO, OSCAR Name Name OKKAYAN DE TAMASHIRO, ALCIRA L

2600 S. DOUGLAS ROAD, Address 2600 S. DOUGLAS ROAD, Address

SUITE 510 **SUITE 510** 

City-State-Zip: CORAL GABLES FL 33134 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 EBEKIAN, CLAUDIA E

**MGRM** 

04/24/2015

**FILED** Apr 24, 2015

**Secretary of State** 

CC5078317639