## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000113266

Entity Name: OTE, LLC

**Current Principal Place of Business:** 

255 ALHAMBRA CIRCLE, STE. 500 CORAL GABLES, FL 33134

**Current Mailing Address:** 

255 ALHAMBRA CIRCLE, STE. 500 CORAL GABLES, FL 33134

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

Name and Address of Current Registered Agent:

ARAGON REGISTERED AGENTS, INC. 255 ALHAMBRA CIRCLE, STE. 500 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:

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MGRM Title MGRM

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

Address 255 ALHAMBRA CIRCLE, STE. 500 Address 255 ALHAMBRA CIRCLE, STE. 500

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

Title MGRM Title MGRM

NameTAMASHIRO, OSCARNameOKKAYAN DE TAMASHIRO, ALCIRA LAddress255 ALHAMBRA CIRCLE, STE. 500Address255 ALHAMBRA CIRCLE, STE. 500

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS E. EBEKIAN

Electronic Signature of Signing Authorized Person(s) Detail

MGRM

03/27/2013

FILED Mar 27, 2013

**Secretary of State** 

CC1020315163