

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000116886

Entity Name: OCEAN 11S LLC**Current Principal Place of Business:**520 NW 165TH STREET RD.,
SUITE 100
MIAMI, FL 33169**Current Mailing Address:**520 NW 165TH STREET RD.,
SUITE 100
MIAMI, FL 33169 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EVANDRA US LLC
520 NW 165TH STREET RD.,
101
MIAMI, FL 33169 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	MGR
Name	EVANDRA US LLC
Address	520 NW 165TH STREET RD., 101
City-State-Zip:	MIAMI FL 33169

Title	MGR
Name	GHELMAN, JAIME
Address	520 NW 165TH STREET RD., 101
City-State-Zip:	MIAMI FL 33169

Title	MBR
Name	GHELMAN, FLAVIA
Address	520 NW 165TH STREET RD., 101
City-State-Zip:	MIAMI FL 33169

Title	MBR
Name	GHELMAN, NICOLE
Address	520 NW 165TH STREET RD., 101
City-State-Zip:	MIAMI FL 33169

Title	MBR
Name	GHELMAN, ALAN
Address	520 NW 165TH STREET RD., 101
City-State-Zip:	MIAMI FL 33169

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: EVANDRA US LLC

MGR

02/25/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date