

# **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

*\* AMENDED \**  
AND  
FILED

10/2

DOCUMENT #

1. Entity Name L01000016009  
GRAND OCEAN L.C.

02 DEC -5 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

18755 Biscayne Blvd  
Suite, Apt. #, etc.

3. Mailing Address

18755 Biscayne Blvd.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Aventura, FL

City & State  
Aventura, FL

4. FEI Number

Applied For  
Not Applicable

Zip Country  
33180 US

Zip Country  
33180 US

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

International Registered Agents Corp

Street Address (P.O. Box Number is Not Acceptable)

338 Minorca Avenue

City

Coral Gables

FL

Zip Code  
33134

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

700009377337

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Manager  
Mauricio Vives  
18755 Biscayne Blvd., Aventura, FL  
33180

TITLE  
NAME  
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12-0502

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mauricio Vives, Manager

Date:

Nov 27, 2008

Use phone: (904) 305-9326

CR2E083B (12/01)

20f2



ACCOUNT NO. : 072100000032

REFERENCE : 844047 126281A

AUTHORIZATION :

*Patricia Pigute*

COST LIMIT : \$ 50.00

ORDER DATE : December 5, 2002

ORDER TIME : 12:17 PM

ORDER NO. : 844047-015

CUSTOMER NO: 126281A

CUSTOMER: Manuel E. Cabeza, Esq  
Cabeza & Associates, P.a.  
338 Minorca Avenue

Coral Gables, FL 33134

RECEIVED  
02 DEC -5 PM 12:51  
TALLAHASSEE FLORIDA  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

ANNUAL REPORT FILING

NAME: GRAND OCEAN L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: \_\_\_\_\_