

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90007 018 ****50.00

DOCUMENT # L02000014332

1. Entity Name
OCEANS ELEVEN, LLC



Principal Place of Business
2115 PALM BAY ROAD, NE
1E
PALM BAY, FL 32905

Mailing Address
2115 PALM BAY ROAD, NE
1E
PALM BAY, FL 32905

24074501



01092004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0057391

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALTERMAN, ROY A
2115 PALM BAY ROAD, NE
1E
PALM BAY, FL 32905

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ALTERMAN, ROY A
STREET ADDRESS	2115 PALM BAY ROAD, NE, STE 1E
CITY - ST - ZIP	PALM BAY, FL 32905
TITLE	MGR
NAME	Platero, Eric P.
STREET ADDRESS	265 South Federal Hwy, Ste 290
CITY - ST - ZIP	Deerfield Beach, FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #