

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056005

FILED  
Jul 23, 2009  
Secretary of State

Entity Name: OCESHATI LLC

**Current Principal Place of Business:**

3550 GALT OCEAN DRIVE  
UNIT 402  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

3550 GALT OCEAN DRIVE  
UNIT 402  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 71-1033541      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROQUETE, DANELLYS  
8010 N.E. 10TH AVENUE  
MIAMI, FL 33138      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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: TINOCO, LEOBERT  
Address: 3550 GALT OCEAN DRIVE, UNIT 402  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: MGRM      ( ) Delete  
Name: PATRICIA, WALKER  
Address: 3550 GALT OCEAN DRIVE, UNIT 402  
City-St-Zip: FT. LAUDERDALE, FL 33308

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: LEOBERT TINOCO

MGRM

07/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date