## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052624

Entity Name: OCEAN VIEW DEVELOPERS, LLC

**Current Principal Place of Business:** 

527 S. WELLS, SUITE 700 CHICAGO, IL 60607

**Current Mailing Address:** 

527 SOUTH WELLS STREET SUITE 700 CHICAGO, IL 60607 US

FEI Number: 20-3181829 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Title MGR

Name CACCIATORE, PHILIP P Name ESTATE OF VICTOR J. CACCIATORE

Address 527 S WELLS STREET, SUITE 700 Address 527 SOUTH WELLS STREET

City-State-Zip: CHICAGO IL 60607

City-State-Zip: CHICAGO IL 60607

Title MGR

Name CACCIATORE, VICTOR J II

Address 527 S WELLS STREET, SUITE 700

Address 527 S WELLS STREET, SUITE 700
City-State-Zip: CHICAGO IL 60607

City-State-Zip: CHICAGO IL 60607

Title MGR Title MGR

 Name
 CACCIATORE, CHRISTOPHER P
 Name
 CACCIATORE, CHARLOTTE R

 Address
 527 S WELLS STREET, SUITE 700
 Address
 527 S WELLS STREET, SUITE 700

City-State-Zip: CHICAGO IL 60607 City-State-Zip: CHICAGO IL 60607

Title MGR Title MGR

Name BICKEL, CINDY Name CACCIATORE, MARYBETH

Address 527 S WELLS STREET, SUITE 700 Address 527 S WELLS STREET, SUITE 700

City-State-Zip: CHICAGO IL 60607 City-State-Zip: CHICAGO IL 60607

Continues on page 2

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: JOSEPH P. CACCIATORE

**MANAGER** 

01/16/2015

FILED Jan 16, 2015

**Secretary of State** 

CC9195303937

Electronic Signature of Signing Authorized Person(s) Detail

Date

## **Authorized Person(s) Detail Continued:**

Title MGR Title MGR

Name TURAN, GLORIA L Name LASEK, SUSAN

Address 527 S WELLS STREET, SUITE 700 Address 527 S WELLS STREET, SUITE 700

City-State-Zip: CHICAGO IL 60607 City-State-Zip: CHICAGO IL 60607

Title MGR Title MGR

Name CACCIATORE, DANIEL E Name CACCIATORE, JOSEPH P

Address 527 S WELLS STREET, SUITE 700 Address 527 S WELLS STREET, SUITE 700

City-State-Zip: CHICAGO IL 60607 City-State-Zip: CHICAGO IL 60607