

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000129155

**Entity Name:** OKTAVIS LLC

**Current Principal Place of Business:**

8870 N HIMES AVENUE  
SUITE 352  
TAMPA, FL 33614

**Current Mailing Address:**

8870 N HIMES AVENUE  
SUITE 352  
TAMPA, FL 33614

**FEI Number:** 46-1159956

**Certificate of Status Desired:** No

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

ROBE, HANS-JOACHIM  
8870 N HIMES AVENUE  
SUITE 352  
TAMPA, FL 33614 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	MGRM	Title	MGRM
Name	FRANKENSTEIN, JENS	Name	ROBE, HANS-JOACHIM
Address	554 19TH STREET NW	Address	8870 N HIMES AV #351
City-State-Zip:	RUSKIN FL 33570	City-State-Zip:	TAMPA FL 33614

*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:** HANS-JOACHIM ROBE

**MANAGER**

**04/23/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date