

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000205646

**Entity Name:** OCEANVIEW ESTATES, LLC

**Current Principal Place of Business:**

1663 EAST 17TH STREET  
BROOKLYN, NY 11229

**Current Mailing Address:**

1663 EAST 17TH STREET  
BROOKLYN, NY 11229 US

**FEI Number:** 92-3919255

**Certificate of Status Desired:** Yes

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

GELIEBTER, JOSEPH  
4101 PINE TREE DRIVE #1626  
MIAMI BEACH, FL 33140 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 AMBR  
Name GELIEBTER, JOSEPH  
Address 4101 PINE TREE DRIVE  
City-State-Zip: MIAMI BEACH FL 33140

Title AMBR  
Name GELIEBTER, FLORENCE  
Address 4101 PINE TREE DRIVE  
City-State-Zip: MIAMI BEACH FL 33140

Title AMBR  
Name ZAHTZ, MICHELLE  
Address 1348 MILFORD TERRACE  
City-State-Zip: TEANECK NJ 07666

Title AMBR  
Name GELIEBTER, ARI  
Address 97 HERRICK AVENUE  
City-State-Zip: TEANECK NJ 07666

Title AMBR  
Name GELIEBTER, ISRAEL  
Address 25 HERRICK DRIVE  
City-State-Zip: LAWRENCE NY 11559

Title AMBR  
Name GELIEBTER, PHILIP  
Address 25 HERRICK DRIVE  
City-State-Zip: LAWRENCE NY 11559

*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:** FLORENCE GELIEBTER

**MEMBER**

**01/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date