

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000005849

**FILED  
Apr 22, 2015  
Secretary of State  
CC9590288623**

**Entity Name:** OCEAN WAVE ASSOCIATES, LLC

**Current Principal Place of Business:**

401 EAST LAS OLAS BLVD.  
SUITE 130-324  
FT. LAUDERDALE, FL 33301

**Current Mailing Address:**

401 EAST LAS OLAS BLVD.  
SUITE 130-324  
FT. LAUDERDALE, FL 33301

**FEI Number:** 20-3638756

**Certificate of Status Desired:** No

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

MOTWANI, DEV R  
401 EAST LAS OLAS BLVD.  
SUITE 130-324  
FT. LAUDERDALE, FL 33301 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  
Name MOTWANI, RAMOLA  
Address 401 EAST LAS OLAS BLVD., SUITE 130  
-324  
City-State-Zip: FT. LAUDERDALE FL 33301

Title O  
Name MOTWANI, NITIN  
Address 401 EAST LAS OLAS BLVD., SUITE 130  
-324  
City-State-Zip: FT. LAUDERDALE FL 33301

Title O  
Name MOTWANI, DEV  
Address 401 EAST LAS OLAS BLVD., SUITE 130  
-324  
City-State-Zip: FT. LAUDERDALE FL 33301

*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:** DEV MOTWANI

O

04/22/2015

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

\_\_\_\_\_  
Date