### 2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005849

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

## Name and Address of Current Registered Agent:

MOTWANI, DEV R 401 EAST LAS OLAS BLVD. SUITE 130-324 FT. LAUDERDALE, FL 33301 US

Certificate of Status Desired: No

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

# Authorized Person(s) Detail :

Authorized Ferson(s) Detail .			
Title	MGRM	Title	0
Name	MOTWANI, RAMOLA	Name	MOTWANI, NITIN
Address	401 EAST LAS OLAS BLVD., SUITE 130 -324	Address	401 EAST LAS OLAS BLVD., SUITE 130 -324
City-State-Zip:	FT. LAUDERDALE FL 33301	City-State-Zip:	FT. LAUDERDALE FL 33301
Title	0		
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: RAMOLA MOTWANI

MGRM

04/26/2016 Date

Date

Electronic Signature of Signing Authorized Person(s) Detail