2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)



FILED Mar 07, 2003 8:00 am Secretary of State

1. Entity Name STILL WAVE, L.L.C.						03-07-2003 90013 030 ****50.00			
Principal Place of Business 1908 OSCEOLA PARKWAY KISSIMMEE FL 34743 US			Mailing Address 1908 OSCEOLA PARKWAY KISSIMMEE FL 34743 US						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 65-1117654		Applied For	
Zip		Zip Country_			Not Applicable S5.00 Additional Fee Required Fee Required Solutional So				
	6. Name	and Address of Current R	egistered Agent	<u> </u>		7. Name and Address of New Registered			
				Name					
CUEVAS, ANDREW ESQ. 536 BILTMORE WAY					Gregorio Henriques Goncalvez Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES FL 33134			,		190	8 E Osceola Parkway			
					Kis	ssimmee F	Zip Cod	de	
8. The above the obligat	named entity tions of regist	submits this statement for exed agent.	the purpose of changing its	registered office o		ed agent, or both, in the State of Florida. I am		, and accept	
SIGNATURE Signature, typed or priorited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) O2/25/03 DATE									
	Signature, typed	or printed rame of registered agent an	d title if applicable. (NOTE	Registered Agent signs	ture required	when reinstating) DATE	7		
				W!!! FEE IS					
•			Make Check Payable	e to Florida De	partmen	nt of State			
			Due	By May 1, 200)3				
9.		MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/CHANGE	<u> </u>		
TITLE	MĢRM		☐ Delete	. TITLE]		☐ Change	Addition	
NAME		RADORA ANYOGRELI II	, C.A.	- NAME			—		
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			STREET ADDRESS	İ				
CITY-ST-ZIP	1	E FL 34743		CITY-ST-ZIP					
TITLE	MGRM	EO CONOLUEO ANO	□ Delete	TITLE			☐ Change	☐ Addition	
NAME CTREET AGREEGE		ES GONCALVES , ANGE	LA MARIA	NAME	7.		-		
STREET AODRESS 1908 OSCEOLA PARKWAY CITY-ST-ZIP KISSIMMEE FL 34743				STREET ADDRESS	÷.,	20			
	KIOOIMINE	E FL 34/43		CITY-ST-ZIP	<u> </u>		·		
TITLE NAME			☐ Delete	TITLE	MGR	M	☐ Change	Addition Addition Addition Addition	
STREET ADDRESS		*	•	NAME STREET ADDRESS	Gre	gorio Henriques Gono	alvez		
CITY-ST-ZIP				CITY-ST-ZIP	190	8 E Osceola Parkway		ſ	
TITLE			☐ Delete	TITLE	Kis	simmee, FL 34743			
NAME			□ Delete	NAME	MGR		☐ Change	Addition	
STREET ADDRESS		•		STREET ADDRESS	Lil	la Henriquez Goñcalv	ez		
CITY-ST-ZIP	*			CITY-ST-ZIP	190	8 E Osceola Parkway			
TITLE		- "	☐ Delete	TITLE		simmee, FL 34743	☐ Change	Addition	
NAME			<u></u> 50000	NAME	MGRI	•	Unang¢	A vocation	
STREET ADDRESS				STREET ADDRESS	•	ia Yolanda Henriquez			
CITY-ST-ZIP				CITY-ST-ZIP	1908	8 E Osceola Parkway			
TITLE			☐ Delete	TITLE		simmee, FL 34743	☐ Change	☐ Addition	
NAME				NAME			0,14190	Novidon	
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
11. I hereby co	ertify that the	information supplied with th	is filing does not qualify for t	he exemption sta	ted in Sec	tion 119.07(3)(i), Florida Statutes. I further ce	rtify that the in	nformation	

indicated on this report is true and accurate and that my 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 608, Florida Statutes.

OR AUTHORIZED REPRESENTATIVE