

**2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000033382

**Entity Name:** OUR WAVE LLC

**Current Principal Place of Business:**

501 SE 2ND STREET,  
APT. 1520  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

501 SE 2ND STREET,  
APT. 1520  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 90-0673645

**Certificate of Status Desired:** No

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

ISABEL, ISIS  
1860 N PINE ISLAND RD  
SUITE 109  
PLANTATION, FL 33322 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:** ISIS ISABEL

**12/23/2019**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CRESPI, JAIME  
Address 501 SE 2ND STREET,  
APT. 1520  
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGRM  
Name ALBERDI, GERALDINE  
Address 501 SE 2ND STREET,  
APT. 1520  
City-State-Zip: FORT 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:** JAIME CRESPI

**MANAGER**

**12/23/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date