## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000185401

Entity Name: 7WAVES, LLC

**Current Principal Place of Business:** 

9485 REGENCY SQUARE BLVD,

**STE 110** 

JACKSONVILLE, FL 32225

**Current Mailing Address:** 

9485 REGENCY SQUARE BLVD, **STE 110** JACKSONVILLE, FL 32225 US

FEI Number: 81-0863673 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POWERS, NANCY M 9485 REGENCY SQUARE BLVD, **STE 110** JACKSONVILLE, FL 32225 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

**FILED** Feb 09, 2021

**Secretary of State** 

2629059466CC

Authorized Person(s) Detail:

Title MGR Title MGR

LEE, ONEILA R POWERS, NANCY M Name Name

9485 REGENCY SQUARE BLVD, 9485 REGENCY SQUARE BLVD, Address Address

**STE 110** 

**STE 110** 

City-State-Zip: JACKSONVILLE FL 32225 City-State-Zip: JACKSONVILLE FL 32225

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.

Electronic Signature of Signing Authorized Person(s) Detail