

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000221447

**Entity Name:** WAVEPOINT INVESTMENTS LLC

**Current Principal Place of Business:**

11110 W OAKLAND PARK BLVD  
289  
SUNRISE, FL 33351

**Current Mailing Address:**

11110 W OAKLAND PARK BLVD  
289  
SUNRISE, FL 33351 US

**FEI Number:** 81-4636051

**Certificate of Status Desired:** No

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

ORON, GAL  
11110 W OAKLAND PARK BLVD  
#289  
SUNRISE, FL 33351 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            AMBR  
Name            ORON, GAL  
Address        11110 W OAKLAND PARK #289  
City-State-Zip: SUNRISE FL 33351

Title            AMBR  
Name            SHARIR, DOTAN  
Address        444 NE 30TH ST. UNIT #904  
City-State-Zip: MIAMI FL 33137

*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:** DOTAN SHARIR

AMBR

03/24/2019

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

\_\_\_\_\_  
Date