

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000144243

Entity Name: WAVES OF JOY, LLC

Current Principal Place of Business:

15970 TRIPLE CROWN COURT
FORT MYERS, FL 33912

Current Mailing Address:

POST OFFICE BOX 07153
FORT MYERS, FL 33919

FEI Number: 83-0856872

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILLIAMS, JOY A
15970 TRIPLE CROWN COURT
FORT MYERS, FL 33912 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 MGR
Name WILLIAMS, JOY A
Address 15970 TRIPLE CROWN COURT
City-State-Zip: FORT MYERS FL 33912

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: JOY WILLIAMS

MANAGER

01/31/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date