

**2020 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:** No

**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**

**03/18/2020**

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

\_\_\_\_\_  
Date