

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000235373

Entity Name: ALPHAWAVES SUPPLIES LLC

Current Principal Place of Business:

2 BROADWAY CIR
FORT MYERS, FL 33901

Current Mailing Address:

2 BROADWAY CIR
FORT MYERS, FL 33901 ES

FEI Number: 83-2228384

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRAPAGA, OTTO SR
2 BROADWAY CIR
FORT MYERS, FL 33901 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 TRAPAGA, OTTO SR
Address 2 BROADWAY CIR
City-State-Zip: FORT MYERS FL 33901

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: OTTO TRAPAGA

OWNER

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date