

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000262459

**Entity Name:** ABIA HEALWAVE LLC

**Current Principal Place of Business:**

7529 HOLLEY CIR  
STE: H  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

7529 HOLLEY CIR  
STE: H  
PANAMA CITY BEACH, FL 32408

**FEI Number:** 37-1981287

**Certificate of Status Desired:** No

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

SMOLIAKOV, VLADIMIR  
923 DOLPHIN HARBOUR BLVD  
PANAMA CITY BEACH, FL 32408 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:** VLADIMIR SMOLIAKOV

02/16/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	P	Title	AP
Name	SMOLAIKOV, VLADIMIR	Name	GOROKHOV, MIKHAIL
Address	923 DOLPHIN HARBOUR BLVD	Address	3117 KINGS ARMS CT
City-State-Zip:	PANAMA CITY BEACH FL 32407	City-State-Zip:	ATLANTA GA 30345

*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:** SMOLAIKOV , VLADIMIR

P

02/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date