

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000498354

**Entity Name:** OM WAVE LLC**Current Principal Place of Business:**4000 HOLLYWOOD BLVD.  
555-S, OFFICE # 542  
HOLLYWOOD, FL 33021**Current Mailing Address:**4000 HOLLYWOOD BLVD.  
555-S, OFFICE # 542  
HOLLYWOOD, FL 33021**FEI Number:** 87-3694657**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LYSYY, YEVHEN  
4000 HOLLYWOOD BLVD.  
555-S, OFFICE # 542  
HOLLYWOOD, FL 33021 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:** YEVHEN LYSYY

01/18/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	LYSYY, YEVHEN
Address	4000 HOLLYWOOD BLVD., 555-S, OFFICE # 542
City-State-Zip:	HOLLYWOOD FL 33021

Title	MGR
Name	KOROLEVYCH, VOLODYMYR
Address	4000 HOLLYWOOD BLVD., 555-S, OFFICE #542
City-State-Zip:	HOLLYWOOD FL 33021

Title	MGR
Name	SAMANCHUK, ROSTYSLAV
Address	4000 HOLLYWOOD BLVD., 555-S, OFFICE #542
City-State-Zip:	HOLLYWOOD FL 33021

*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:** YEVHEN LYSYY**PRESIDENT**

01/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date