

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000209627

**FILED**  
**Apr 29, 2023**  
**Secretary of State**  
**2562004280CC**

**Entity Name:** WAVIB PARTNERS LLC

**Current Principal Place of Business:**

11960 SW 18 TER  
UNIT 19  
MIAMI, FL 33175

**Current Mailing Address:**

11960 SW 18 TER  
UNIT 19  
MIAMI, FL 33175 US

**FEI Number:** 88-2477464

**Certificate of Status Desired:** No

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

ACCOUNTING MAX SERVICES INC  
6635 W COMMERCIAL BLVD  
STE 103  
TAMARAC, FL 33319 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 TAMAYO VARELA, DANIEL  
Address 11960 SW 18 TER UNIT 19  
City-State-Zip: MIAMI FL 33175

Title AMBR  
Name VARELA, MAURICIO A  
Address 736 POST AVE  
City-State-Zip: STATEN ISLAND NY 10310

Title AMBR  
Name LIZARAZO COSSIO, JULIETH M  
Address 164 SICKLES AVE FL2  
City-State-Zip: NEW ROCHELLE NY 10801

Title AMBR  
Name BEDOYA ORTIZ, JUAN P  
Address 11960 SW 18 TER UNIT 19  
City-State-Zip: MIAMI FL 33175

Title AMBR  
Name DUQUE BEDOYA, CARLOS A  
Address 11960 SW 18 TER UNIT 19  
City-State-Zip: MIAMI FL 33175

Title AMBR  
Name BEDOYA CASTANO, WILFER D  
Address 11960 SW 18 TER UNIT 19  
City-State-Zip: MIAMI FL 33175

*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:** TAMAYO VARELA , DANIEL

MGR

04/29/2023

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

\_\_\_\_\_  
Date