

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000318445

**Entity Name:** A WAVE FROM IT ALL, LLC

**Current Principal Place of Business:**

7901 4TH ST. N., SUITE 300  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

45166 CRYSTAL SPRINGS DR.  
INDIO, CA 92201

**FEI Number: 88-3973679**

**Certificate of Status Desired: Yes**

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

REGISTERED AGENT INCORPORATED  
7901 4TH ST. N., SUITE 300  
ST. PETERSBURG, FL 33702 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            AMBR  
Name            WARREN, JOAN  
Address        45166 CRYSTAL SPRINGS DR.  
City-State-Zip: INDIO FL 92201

Title            AMBR  
Name            MALKIN, PAUL  
Address        45166 CRYSTAL SPRINGS DR.  
City-State-Zip: INDIO FL 92201

*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: JOAN L WARREN**

**OFFICER**

**01/20/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date