

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000320193

**Entity Name:** WATER WISE AQUATICS, LLC

**Current Principal Place of Business:**

3145 HEATHGATE CT.  
ORLANDO, FL 32812

**Current Mailing Address:**

3145 HEATHGATE CT.  
ORLANDO, FL 32812

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

PASCHAL WEST, TAMARA  
3145 HEATHGATE CT.  
ORLANDO, FL 32812 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 PASCHAL WEST, TAMARA  
Address 3145 HEATHGATE CT.  
City-State-Zip: ORLANDO FL 32812

Title MGR  
Name WILCOX, BRIANNA  
Address 756 29TH STREET  
City-State-Zip: ORLANDO FL 32812

*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: TAMARA PASCHAL WEST**

**MANAGER**

**04/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date