

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000480709

**Entity Name:** SECOND WAVE PARTNERS LLC

**Current Principal Place of Business:**

2121 BISCAYNE BLVD  
#1435  
MIAMI, FL 33137

**Current Mailing Address:**

2121 BISCAYNE BLVD  
#1435  
MIAMI, FL 33137 US

**FEI Number:** 93-4163893

**Certificate of Status Desired:** No

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

MEEKS, NATHAN  
2121 BISCAYNE BLVD  
#1435  
MIAMI, FL 33137 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 MEEKS, NATHAN  
Address 2121 BISCAYNE BLVD #1435  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name CHIAPPETTA, PAUL  
Address 2121 BISCAYNE BLVD #1435  
City-State-Zip: MIAMI FL 33137

Title AMBR  
Name SILENT WOLF CAPITAL LLC  
Address 79 SW 12TH ST STE 2204  
City-State-Zip: MIAMI FL 33130

Title AMBR  
Name NIGHT OWL CAPITAL LLC  
Address 1900 SW 8TH ST STE W802  
City-State-Zip: MIAMI FL 33135

*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:** NATHAN MEEKS

01/30/2024

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

\_\_\_\_\_  
Date