## **2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000001545

Entity Name: SECOND WAVE DELIVERY SYSTEMS, LLC

Current Principal Place of Business:

9060 W CHEYENNE AVENUE LAS VEGAS. NV 89129

**Current Mailing Address:** 

9060 W CHEYENNE AVENUE LAS VEGAS, NV 89129

FEI Number: 85-4001148 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Feb 07, 2024

**Secretary of State** 

7178131751CC

Authorized Person(s) Detail:

Title MGR Title MGR

Name MOSKOW, ERIC Name JACOBS, GARY N

Address 9060 W CHEYENNE AVENUE Address 9060 W CHEYENNE AVENUE

City-State-Zip: LAS VEGAS NV 89129 City-State-Zip: LAS VEGAS NV 89129

Title MGR Title MGR

Name MOSKOW, ELLIOT Name JACOBS, MATTHEW

Address 9060 W CHEYENNE AVENUE Address 9060 W CHEYENNE AVENUE

City-State-Zip: LAS VEGAS NV 89129 City-State-Zip: LAS VEGAS NV 89129

Title MGR Title MGR

Name LANDAU, ELLIS Name RON, ARAN

Address 9060 W CHEYENNE AVENUE Address 9060 W CHEYENNE AVENUE

City-State-Zip: LAS VEGAS NV 89129 City-State-Zip: LAS VEGAS NV 89129

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: ELLIOT MOSKOW COO

Electronic Signature of Signing Authorized Person(s) Detail

02/07/2024 Date