

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90027 004 ****55.00

DOCUMENT # L00000015820

1. Entity Name
SHOCKWAVE TECHNOLOGIES LLC



Principal Place of Business
**43 NW 45TH AVE
111
KEY COLONY BEACH, FL 33051**

Mailing Address
**PO BOX 510423
KEY COLONY BEACH, FL 33051**



04192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3327562

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WOLFE, JOHN J
2975 OVERSEAS HIGHWAY
MARATHON, FL 33050**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STULL, CORT
P.O. BOX 510423
KEY COLONY BEACH, FL 33050**

TITLE
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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: *Cort Stull*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

561-654-7467