

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000017716

Entity Name: FRACTAL WAVES LLC

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3855 TREE TOP DR  
WESTON, FL 33332 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 327837  
WESTON, FL 333329711 US

**New Mailing Address:**

PO BOX 266857  
WESTON, FL 333266857 US

FEI Number: 65-1146575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NICHAMOFF, ALAN  
5720 NW 86 TERR  
TAMARAC, FL 33321 US

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

KAZMIERCZAK, CAROLINA M  
3855 TREE TOP DR  
WESTON, FL 333322139 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: CAROLINA KAZMIERCZAK

04/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KAZMIERCZAK, MARK J  
Address: 3855 TREE TOP DR  
City-St-Zip: WESTON, FL 33332 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARK J KAZMIERCZAK

MGRM

04/16/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date