

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90115 028 \*\*\*\*50.00

DOCUMENT # L03000014516

1. Entity Name  
B.WAVE LLC



Principal Place of Business Mailing Address  
322 BUCHANAN ST 348 Indiana St  
PHAS3 Hollywood, FL 33019 US F1 33019  
HOLLYWOOD, FL 33019 US 33019

2. Principal Place of Business Mailing Address  
348 Indiana St Hollywood, FL 33019  
Hollywood, FL 33019

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Hollywood, FL Hollywood, FL

Zip Country Zip Country  
33019 Broward 33019 Broward

07292004 Chg-LLC CR2E083 (10/03)  
16-8012891488-8

4. FEI Number Applied For  
13-4253391 Not Applicable

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

6. Name and Address of Current Registered Agent

WOODS, ELIZABETH A  
322 BUCHANAN ST  
PHAS3  
HOLLYWOOD, FL FL

7. Name and Address of New Registered Agent

Name Elizabeth Woods  
Street Address (P.O. Box Number is Not Acceptable)  
348 Indiana St  
City Hollywood FL Zip Code 33019

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 Elizabeth Woods Elizabeth A. Woods 7-29-04  
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 September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	WOODS, ELIZABETH A	
STREET ADDRESS	322 BUCHANAN ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES Address

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Woods, Elizabeth A	
STREET ADDRESS	348 Indiana St	
CITY-ST-ZIP	Hollywood, FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 608, Florida Statutes.

SIGNATURE: Elizabeth A. Woods Elizabeth Woods 7-29-04 (954-296-7601)  
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #