

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000022737

Entity Name: SHOCKWAVE IT, LLC

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1410 CELEBRATION AVE.  
# 203  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 470853  
CELEBRATION, FL 34747

**New Mailing Address:**

1410 CELEBRATION AVE.  
# 203  
CELEBRATION, FL 34747

FEI Number: 04-3847462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COOK, ANDREW D  
1410 CELEBRATION AVE.  
# 203  
CELEBRATION, FL 34747 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COOK, ANDREW D  
Address: 1410 CELEBRATION AVE., # 203  
City-St-Zip: CELEBRATION, FL 34747

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: ANDREW COOK

MGRM

04/09/2012

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