

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000096824

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** BLACK WAVE INVESTMENTS GROUP, LLC

**Current Principal Place of Business:**

5374 AVERY ROAD  
CAMPBELLTON, FL 32426

**New Principal Place of Business:**

5314 ELLAVILLE RD  
CAMPBELLTON, FL 32426

**Current Mailing Address:**

5374 AVERY ROAD  
CAMPBELLTON, FL 32426

**New Mailing Address:**

5314 ELLAVILLE RD  
CAMPBELLTON, FL 32426

**FEI Number:** 90-0521562

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, ELEAZAR SR  
2940 WILBON DR  
CAMPBELLTON, FL 32426 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: MR  
Name: THOMPSON, ELEAZAR SR.  
Address: 5374 AVERY RD  
City-St-Zip: CAMPBELLTON, FL 32426

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: ELEAZAR THOMPSON, SR

CEO

04/30/2012

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