

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000103545

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** BLUE WAVE CONCEPTS "LLC"

**Current Principal Place of Business:**

263 46 STREET NORTH  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

263 46 STREET NORTH  
ST. PETERSBURG, FL 33710

**New Mailing Address:**

**FEI Number:** 90-0704518

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LARRISON, RYAN  
263 46 STREET NORTH  
ST. PETERSBURG, FL 33710 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:** MGR  
**Name:** LARRISON, RYAN  
**Address:** 263 46 STREET NORTH  
**City-St-Zip:** ST. PETERSBURG, FL 33710

**Title:** MGRM  
**Name:** BECKER, GRANT  
**Address:** 5139 WEST RIO VISTA AVENUE  
**City-St-Zip:** TAMPA, FL 33634

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:** RYAN LARRISON

MGR

04/29/2011

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