

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000117286

**Entity Name:** WAVECREST VENTURES, LLC

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

**Current Principal Place of Business:**

363 NE WAVECREST WAY  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

**Current Mailing Address:**

363 NE WAVECREST WAY  
BOCA RATON, FL 33432 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

BOYLE, SHAWN  
363 NE WAVECREST WAY  
BOCA RATON, FL 33432 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:** BOYLE, SHAWN  
**Address:** 363 NE WAVECREST WAY  
**City-St-Zip:** BOCA RATON, FL 33432 US

**Title:** MGRM  
**Name:** ESPADA, HUMBERTO  
**Address:** 363 NE WAVECREST WAY  
**City-St-Zip:** BOCA RATON, FL 33432 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:** SHAWN BOYLE

MGRM

04/30/2012

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