

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000000962

Entity Name: 7TH WAVE LLC

Current Principal Place of Business:

812 SOUTH ST
APT 4
KEY WEST, FL 33040

Current Mailing Address:

P.O. BOX 555
KEY WEST, FL 33041

FEI Number: 45-4132267

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GILBERT GENDRON, HAMI D
812 SOUTH ST #4
KEY WEST, FL 33040 US

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

Authorized Person(s) Detail :

Title MGRM
Name GILBERT GENDRON, HAMI D
Address 812 SOUTH ST #4
City-State-Zip: KEY WEST FL 33040

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GILBERT GENDRON, HAMI, D _____

MEMBER

02/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date