

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000097375

Entity Name: GREEN WAVE INNOVATIVE SOLUTIONS, LLC**Current Principal Place of Business:**833 SW 54TH LANE
CAPE CORAL, FL 33914**Current Mailing Address:**833 SW 54TH LANE
CAPE CORAL, FL 33914 US**FEI Number:** 46-0771697**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARBARA M. PIZZOLATO, P.A.
8660 COLLEGE PARKWAY
SUITE 400
FORT MYERS, FL 33919 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:** BARBARA M. PIZZOLATO, ESQ.

04/28/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|----------------------|
| Title | MGRM |
| Name | LEONHART, MICHELLE M |
| Address | 833 SW 54TH LANE |
| City-State-Zip: | CAPE CORAL FL 33914 |

| | |
|-----------------|---------------------|
| Title | MGRM |
| Name | LEONHART, CARL D |
| Address | 833 SW 54TH LANE |
| City-State-Zip: | CAPE CORAL FL 33914 |

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: MICHELLE M. LEONHART**MGRM, BY AUTHORIZED REPRESENTATIVE** 04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date