

2019 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.
12751 NEW BRITTANY BLVD.
SUITE 402
FORT MYERS, FL 33907 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.**03/20/2019**

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

Title	MGRM
Name	MAHAN, WESLEY A
Address	5183 OLD LAKE ROAD
City-State-Zip:	GENEVA ON THE LAKE OH 44041

Title	MGRM
Name	MAHAN, HOLLY
Address	5183 OLD LAKE ROAD
City-State-Zip:	GENEVA ON THE LAKE OH 44041

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: LEONHART , MICHELLE M**AUTHORIZED
REPRESENTATIVE****03/20/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date