2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2017
Secretary of State
CC0093634428

DOCUMENT# L16000065624

Entity Name: WAVEMAX FRANCHISE LLC

Current Principal Place of Business:

929 MCDUFF AVENUE
SUITE 107
JACKSONVILLE, FL 32205

Current Mailing Address:

1371 EAGLE CROSSING DRIVE
ORANGE PARK, FL 32065 US

FEI Number: 81-2191233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALIVOSO ROBERTS, SHEILA
1371 EAGLE CROSSING DRIVE
ORANGE PARK, FL 32065 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	P	Title	VP
Name	CALIVOSO ROBERTS, SHEILA	Name	ROBERTS, MICHAEL
Address	1371 EAGLE CROSSING DRIVE	Address	1371 EAGLE CROSSING DRIVE
City-State-Zip:	ORANGE PARK FL 32065	City-State-Zip:	ORANGE PARK FL 32065
Title	MGR	Title	MGR
Name	COMPASS FRANCHISE GROUP	Name	MULGANNON, DENNIS
Address	538 SUMMERTREE DRIVE	Address	347 STAGE STOP COURT
City-State-Zip:	LIVERMORE CA 94551	City-State-Zip:	EL DORADO HILLS CA 95762

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: SHEILA CALIVOSO ROBERTS PRESIDENT 02/01/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date