

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L17000230680

Entity Name: 2ND WAVE DEVELOPMENT LLC**Current Principal Place of Business:**180 FOUNTAIN PARKWAY N
SUITE 100
ST. PETERSBURG, FL 33716**Current Mailing Address:**180 FOUNTAIN PARKWAY N
SUITE 100
ST. PETERSBURG, FL 33716 US**FEI Number:** 82-3350102**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FANELLI LAW FIRM, PA
180 FOUNTAIN PARKWAY N
SUITE 100
ST. PETERSBURG, FL 33716 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	MGR, CEO
Name	SEMBLER, MARK S
Address	180 FOUNTAIN PARKWAY N SUITE 100
City-State-Zip:	ST. PETERSBURG FL 33716

Title	SVP
Name	SIEBEN, ALISSA
Address	180 FOUNTAIN PARKWAY N SUITE 100
City-State-Zip:	ST. PETERSBURG FL 33716

Title	COO
Name	GERHARD, STEPHEN
Address	180 FOUNTAIN PARKWAY N SUITE 100
City-State-Zip:	ST. PETERSBURG FL 33716

Title	VP
Name	SEMBLER, LAUREN
Address	180 FOUNTAIN PARKWAY N SUITE 100
City-State-Zip:	ST. PETERSBURG FL 33716

Title	VP
Name	CASTILLO, BRYAN
Address	180 FOUNTAIN PARKWAY N SUITE 100
City-State-Zip:	ST. PETERSBURG FL 33716

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: MARK S SEMBLER**MANAGER****02/06/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date