

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000010905

**Entity Name:** 3900 WAVE AVE LLC

**Current Principal Place of Business:**

1016 THOMAS DRIVE  
APT 297  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

1016 THOMAS DRIVE  
APT 297  
PANAMA CITY BEACH, FL 32408 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHANY, IDO  
1016 THOMAS DRIVE  
APT 297  
PANAMA CITY BEACH, FL 32408 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            AMBR  
Name            PELEG, GADI  
Address        1016 THOMAS DRIVE APT. 297  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title            AMBR  
Name            DOI INVESTMENTS LLC  
Address        1016 THOMAS DRIVE  
                  APT 297  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title            AMBR  
Name            ASSCHEROWLAND LLC  
Address        1016 THOMAS DRIVE  
                  APT 297  
City-State-Zip: PANAMA CITY BEACH FL 32408

*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:** PELEG , GADI

**MNGM**

**04/01/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date