

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000241403

**Entity Name:** WAVE BLASTERS OF FLORIDA, LLC

**Current Principal Place of Business:**

2117 NW PINELAKE DRIVE  
STUART, FL 34994

**Current Mailing Address:**

2117 NW PINELAKE DRIVE  
STUART, FL 34994 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NORMAN, KENNETH A  
2400 SE FEDERAL HIGHWAY  
FOURTH FLOOR  
STUART, FL 34994 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                    | Title           | AMBR                |
| Name            | HAINES, KENNETH J.     | Name            | CLINE, ALBERT       |
| Address         | 2117 NW PINELAKE DRIVE | Address         | 5612 SEAGRAPE DRIVE |
| City-State-Zip: | STUART FL 34994        | City-State-Zip: | FT. PIERCE FL 34982 |

*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:** KENNETH HAINES

**PRESIDENT**

**02/02/2021**

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

\_\_\_\_\_  
Date