that my n	ne appears above, or on an attachment with all other like empowered.	
oath; that	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	
	uny that the mormation indicated on this report of supplemental report is true and accurate and that my electronic signature shall have the same legal elect as it made under	

#### FEI Number: 87-3336995

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

CANNON, KIEL R 4505 FISHERMANS POINT DR MILTON, FL 32583 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

## Authorized Person(s) Detail :

Title	AMBR	Title	AMBR			
Name	CANNON, KIEL R	Name	CANNON, JENNIFER A			
Address	4505 FISHERMANS POINT DR	Address	4505 FISHERMANS POINT DR			
City-State-Zip:	MILTON FL 32583	City-State-Zip:	MILTON FL 32583			

Entity Name: BIG WAVE HOME REPAIRS LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

6380 S. BOSTON ST. 293 GREENWOOD VILLAGE, CO 80111

DOCUMENT# L21000469056

# **Current Mailing Address:**

4505 FISHERMANS POINT DR MILTON, FL 32583

Certificate of Status Desired: No

logal affect on if made under

02/02/2024 AMBR

Electronic Signature of Signing Authorized Person(s) Detail

Date

Date