

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000521604

**Entity Name:** EMELIA WAVES LLC

**Current Principal Place of Business:**

8881 SHINDLER CROSSING DRIVE  
JACKSONVILLE, FL 32222

**Current Mailing Address:**

8881 SHINDLER CROSSING DRIVE  
JACKSONVILLE, FL 32222 UN

**FEI Number:** 87-3963569

**Certificate of Status Desired:** Yes

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

ROGERS, NICOLE  
8881 SHINDLER CROSSING DRIVE  
JACKSONVILLE, FL 32222 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  
Name ROGERS, NICOLE  
Address 8881 SHINDLER CROSSING DRIVE  
City-State-Zip: JACKSONVILLE FL 32222

Title AMBR  
Name SIMON, ANTHONY  
Address 568 CLERMONT AVE SOUTH  
City-State-Zip: ORANGE PARK FL 32073

Title AUTHORIZED MEMBER  
Name WAVES BY EMELIA LLC  
Address 241 MAYWOOD AVE NW  
City-State-Zip: PALM BAY FL 32907

*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:** NICOLE ROGERS-SIMON

**OWNER**

**05/10/2022**

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

\_\_\_\_\_  
Date