

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000521604

**Entity Name:** EMELIA WAVES LLC

**Current Principal Place of Business:**

11111 SAN JOSE BLVD #1091  
SUITE 56  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

10248 MANORVILLE DRIVE  
JACKSONVILLE, 32221 UN

**FEI Number:** 87-3963569

**Certificate of Status Desired:** Yes

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

ROGERS SIMON, NICOLE  
10248 MANORVILLE DRIVE  
JACKSONVILLE, FL 32221 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:** NICOLE ROGERS SIMON

04/02/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ROGERS SIMON, NICOLE  
Address 10248 MANORVILLE DRIVE  
City-State-Zip: JACKSONVILLE FL 32221

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

CEO

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date