## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000402026

Entity Name: SHOCKWAVE FLORIDA LLC

**Current Principal Place of Business:** 

6129 METROWEST BLVD APT 106

ORLANDO, FL 32835

**Current Mailing Address:** 

6129 METROWEST BLVD APT 106 ORLANDO, FL 32835 US

FEI Number: 93-3119037 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BONORA, DANILO CRISTIANO 6129 METROWEST BLVD APT 106 ORLANDO, FL 32835 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: DANILO CRISTIANO BONORA 04/28/2024

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title AMBR

Name BONORA, DANILO CRISTIANO

Address 6129 METROWEST BLVD

**APT 106** 

City-State-Zip: ORLANDO FL 32835

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: DANILO CRISTIANO BONORA

Electronic Signature of Signing Authorized Person(s) Detail

04/28/2024

FILED Apr 28, 2024

**Secretary of State** 

0496398186CC

Date