

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000236442

Entity Name: NEW WAVE MED SPA LLC

Current Principal Place of Business:

18465 PINES BLVD
PEMBROKE PINES, FL 33029

Current Mailing Address:

18465 PINES BLVD
PEMBROKE PINES, FL 33029 US

FEI Number: 99-4208895

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE JESUS, MANUEL
3850 W 108TH ST SUITE 15
HIALEAH, FL 33018 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	PRES	Title	MGR
Name	DE JESUS, MANUEL	Name	DE JESUS, MANUEL
Address	14200 SW 23RD ST	Address	14200 SW 23RD ST
City-State-Zip:	DAVIE FL 33018	City-State-Zip:	DAVIE FL 33325
Title	AP		
Name	DE JESUS, MANUEL		
Address	3850 W 108TH ST SUITE 15		
City-State-Zip:	HIALEAH FL 33018		

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: MANUEL DE JESUS

PRESIDENT

02/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date