

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000423393

**Entity Name:** WAVE OF TAMPA BAY LLC

**Current Principal Place of Business:**

1551 HIGHCREST CIR  
VALRICO, FL 33596

**Current Mailing Address:**

1551 HIGHCREST CIR  
VALRICO, FL 33596 US

**FEI Number:** 33-2668429

**Certificate of Status Desired:** No

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

CASALE, DAVID  
1551 HIGHCREST CIR  
VALRICO, FL 33596 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:** DAVID CASALE

01/06/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	CASALE, EMILY	Name	CASALE, DAVID
Address	1551 HIGHCREST CIR	Address	1551 HIGHCREST CIR
City-State-Zip:	VALRICO FL 33596	City-State-Zip:	VALRICO FL 33596

*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:** DAVID CASALE

MGR

01/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date