

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000255473

**Entity Name:** BLUE WAVE MEDICAL ASSOCIATES LLC

**Current Principal Place of Business:**

1822 DREW STREET  
CLEARWATER, FL 33765

**Current Mailing Address:**

28 CAVALRY RD  
WESTPORT, CT 06880 US

**FEI Number:** 93-1564594

**Certificate of Status Desired:** No

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

PAUL, AUDREY  
1822 DREW STREET  
CLEARWATER, FL 33765 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 PAUL, AUDREY DR  
Address 28 CAVALRY RD  
City-State-Zip: WESTPORT CT 06880

*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:** AUDREY PAUL

**MANAGER AND OWNER**

**03/22/2024**

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

\_\_\_\_\_  
Date