

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073661

Entity Name: 3 WAVES LLC

FILED
Jan 06, 2012
Secretary of State

Current Principal Place of Business:

5949 BROKEN ARROW DR. W.
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

Current Mailing Address:

PSC 558 BOX 3558
FPO, AP 96375 US

New Mailing Address:

FEI Number: 20-1750292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORM-A-CORP LLC
4400 PGA BLVD.
SUITE 900
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HIGHTOWER, JEFFERY A
Address: PSC 558 BOX 3558
City-St-Zip: FPO, AP 96375 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JEFFERY A HIGHTOWER

MGRM

01/06/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date