

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000073661

**Entity Name:** 3 WAVES LLC

**Current Principal Place of Business:**

5949 BROKEN ARROW DR. W.  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

PSC 558 BOX 3558  
FPO, AP 96375 US

**FEI Number:** 20-1750292

**Certificate of Status Desired:** No

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

FORM-A-CORP LLC  
4400 PGA BLVD.  
SUITE 900  
PALM BEACH GARDENS, FL 33410 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 MGRM  
Name HIGHTOWER, JEFFERY A  
Address PSC 558 BOX 3558  
City-State-Zip: FPO AP 96375

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFFERY A HIGHTOWER

MGRM

03/27/2013

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

\_\_\_\_\_  
Date