

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