

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000023909

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Entity Name:** BLUE WAVE HOLDING COMPANY, LLC

**Current Principal Place of Business:**

375 EAST DRIVE  
WEST MELBOURNE, FL 32904

**New Principal Place of Business:**

1790 SHORE VIEW DRIVE  
INDIALANTIC, FL 32903

**Current Mailing Address:**

375 EAST DRIVE  
WEST MELBOURNE, FL 32904

**New Mailing Address:**

1790 SHORE VIEW DRIVE  
INDIALANTIC, FL 32903

**FEI Number:** 56-2292553

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANDER, CATHERINE N  
1790 SHORE VIEW DRIVE  
INDIALANTIC, FL 32903 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:** DIERUFF, DOUGLAS A  
**Address:** 3935 WILD PINE LANE  
**City-St-Zip:** MERRIT ISLAND, FL 32952

**Title:** MGRM  
**Name:** SANDER, CATHERINE N  
**Address:** 1790 SHORE VIEW DRIVE  
**City-St-Zip:** INDIALANTIC, FL 32903

**Title:** MGRM  
**Name:** SANDER, PHILIP J  
**Address:** 1790 SHORE VIEW DRIVE  
**City-St-Zip:** INDIALANTIC, FL 32903

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:** PHILIP J SANDER

MGRM

01/07/2012

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