


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 SEP 14 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # L04000036039</b><br>1. Entity Name<br><b>NEWWAVE NINE, LLC</b>   |   |   |   |    |  |
| Principal Place of Business<br><b>3360 PADDOCK ROAD<br/>WESTON, FL 33331</b>   |   |   | Mailing Address<br><b>2601 S BAYSHORE DRIVE<br/>SUITE 700<br/>COCONUT GROVE, FL 33133</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address<br><b>3360 PADDOCK RD</b>                      |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |  |
| City & State   |   | City & State<br><b>WESTON FL</b>                                  |   | 4. FEI Number<br><b>NOT APPLICABLE</b>  |  |
| Zip  | Country   | Zip<br><b>33331</b>   | Country   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ATER REGISTERED AGENTS<br/>2601 SOUTH BAYSHORE DRIVE<br/>SUITE 700<br/>COCONUT GROVE, FL 33133</b>   |   |   |   | 7. Name and Address of New Registered Agent<br>Name <b>ALBERTO MEJIA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3360 PADDOCK RD</b><br>City <b>WESTON FL</b> Zip Code <b>33331</b> |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <b>9/9/07</b>   |   |   |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by September 14, 2007</b>   |   |   | <b>Make check payable to<br/>Florida Department of State</b>                              |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |   | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>MEJIA, ALBERTO<br/>3360 PADDOCK ROAD<br/>WESTON, FL 33331</b> | <input type="checkbox"/> Delete                                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>MEJIA, NELLY<br/>3360 PADDOCK ROAD<br/>WESTON, FL 33331</b>   | <input type="checkbox"/> Delete                                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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. |   |   |   |   |  |
| <b>SIGNATURE:</b> <u><i>[Signature]</i></u>  |   |   | <b>9/9/07 (954) 931-1776</b>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |   | Date Daytime Phone #  |   |  |



09092007 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

Additional Fee Required

9/9/07

DATE

Make check payable to  
Florida Department of State

ADDITIONS/CHANGES

☐ Change ☐ Addition

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Date

Daytime Phone #