

LOT 000045721

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**FILED**  
2011 MAR 17 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
T. CLINE  
MAR 18 2011  
EXAMINE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BLUEWAVE ORLANDO, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L04000045721

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AGNES CHAU  
Name of Person

LAW OFFICES OF AGNES CHAU, P.A.  
Name of Firm/Company

716 E COLONIAL DR  
Address

ORLANDO, FL 32803  
City/State and Zip Code

AMC@AGNESCHAULAWFIRM.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AHNES CHAU at ( 407 ) 648-0880  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**  
2011 MAR 17 MD 44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

AGNES CHAU

Name of Registered Agent

, hereby resigns as

Registered Agent for BLUE WAVE ORLANDO, LLC

Name of Limited Liability Company

L04000045721

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED  
2011 MAR 17 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314