

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90071 014 \*\*\*138.75

**DOCUMENT # L04000081233**

1. Entity Name  
**THE WAVE GROUP, LLC**



Principal Place of Business  
**115 THIRD STREET SOUTH  
BRADENTON, FL 34217**

Mailing Address  
**PO BOX 10210  
FORT SMITH, AR 72917**



01102008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-2433118**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**PALMER, CHARLES  
115 THIRD STREET SOUTH  
BRADENTON, FL 34217**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	ALFORD, JOHN
STREET ADDRESS	6301 CLIFF DRIVE
CITY-ST-ZIP	FORT SMITH, AR 72903
TITLE	MGR
NAME	THE CHARLES G. PALMER INTER VIVOS TRUST
STREET ADDRESS	115 THIRD STREET SOUTH
CITY-ST-ZIP	BRADENTON, FL 34217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-23-08

479-494-5682