

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRET
DIVISION

07 OCT 30 PM 2:17

DOCUMENT # L05000004684

1. Entity Name
NEXTWAVE HOLDINGS, LLC



Principal Place of Business
1825 TAMiami TRAIL
UNIT B-3
PORT CHARLOTTE, FL 33948

Mailing Address
1825 TAMiami TRAIL
UNIT B-3
PORT CHARLOTTE, FL 33948



2. Principal Place of Business - No P.O. Box #
3626 Tamiami Trail
Suite, Apt. #, etc.

3. Mailing Address
3626 Tamiami Trail
Suite, Apt. #, etc.

10252007 REIN-LLC CR2E101 (1/07)

City & State
Port Charlotte, FL
Zip 33952 Country US

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Port Charlotte FL
Zip 33952 Country US

4. FEI Number
34-2032121
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WELCHMAN, THOMAS
1825 TAMiami TRAIL
UNIT B-3
PORT CHARLOTTE, FL 33948

7. Name and Address of New Registered Agent

Name Kevin Graham
Street Address (P.O. Box Number is Not Acceptable)
3626 Tamiami Trail
City Port Charlotte FL Zip Code 33952

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 Kevin Graham DATE 10/21/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WELCHMAN, THOMAS
STREET ADDRESS 1825 TAMiami TRAIL, UNIT B-3
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE MGRM ☐ Delete
NAME GRAHAM, KEVIN
STREET ADDRESS 1825 TAMiami TRAIL, UNIT B-3
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Welchman, Thomas
STREET ADDRESS 3626 Tamiami Trail
CITY-ST-ZIP Port Charlotte FL 33952

TITLE MGRM ☒ Change ☐ Addition
NAME Graham, Kevin
STREET ADDRESS 3626 Tamiami Trail
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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: Kevin Graham DATE 10/21/07 941-766-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #