## L05000036309

Office Use Only



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SECRETARY OF STATE

T. HAMPTON

FEB - 9 2910

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MAKIN' WAVES, LLC	
(Name of Limited Liability (	Company)
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
MICHAEL MCMULLIN	
(Contact Person)	<del></del>
MAKIN' WAVES, LLC	
(Firm/Company)	
PO BOX 3912	<u></u>
(Address)	
CLEARWATER, FL 33767	
(City/State and Zip Code)	
For further information concerning this matter, please ca	ıll:
MICHAEL MCMULLIN at ( 727	678-1406
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid	a Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
<u></u>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as KIN' WAVES, LLC	it appears on the records of t	the Florida Department
2. This limited liab	ility company was organized	i under the laws of:	
3. The Florida doc <u>L05000036</u>	<del>-</del>	f this limited liability compar	ny is:
4. I, REESE TU	JCKER	, hereby resign as a M	ANAGER
	lame of Person Resigning)		(Print Title)
of this limited lia resignation in wr		e limited liability company h	as been notified of my
lue	Ker Koes		
Signature of Res	igning Member, Managing M	1ember or Manager	
Filing Fee:	\$25.00 (Required)		JIVISION 10 FI
Certified Conv	\$30.00 (Optional)		