

LD5000041917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2006 MAY 17 AM 8:03

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SECRETARY OF STATE
DIVISION OF REGISTRATION

DB



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2006

WILLIAM MACBRIDE JR.
154 CARSON OAKS LANE
SANTA ROSA BEACH, FL 32459

SUBJECT: BLUEWAVE CAPITAL, LLC
Ref. Number: L05000041917

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DIVISION OF CORPORATIONS
2006 MAY 17 AM 8:03

We have received your document for BLUEWAVE CAPITAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 706A00026564

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bluewave Capital LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William MacBride Sr.
(Name of Person)

11
(Firm/Company)

154 Carson Oaks Lane
(Address)

Santa Rosa Beach, FL 32459
(City/State and Zip Code)

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DIVISION OF CORPORATIONS
2006 MAY 17 AM 8:03

For further information concerning this matter, please call:

William MacBride at (850) 687-9048
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Bluewave Capital LLC

2. The Articles of Organization were filed on 4/21/05 and assigned document number

3. The date the dissolution was approved: 4/1/05

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Mutual agreement between managing members

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

[Signature]

William MacBick