

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000081568

Entity Name: WAVE SOLUTIONS, LLC

FILED
Oct 30, 2006
Secretary of State

Current Principal Place of Business:

6102 MEDFORD DRIVE
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

6102 MEDFORD DRIVE
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 30-0329785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, WAVERLY L JR.
6102 MEDFORD DRIVE
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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.

SIGNATURE: WAVERLY ROBINSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROBINSON, WAVERLY L JR.
Address: 6102 MEDFORD DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: MGRM () Delete
Name: ROBINSON, OCTAVIA N
Address: 6102 MEDFORD DRIVE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: ROBINSON, OCTAVIA N
Address: 6102 MEDFORD DRIVE
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WAVERLY ROBINSON

MGR

10/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date