# 6000095914

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(Re	questor's Name)	· · · · · ·
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	



10/26/08--01010--006 \*\*25.00

FILED 08 OCT 20 PH 12: 03 SECRETARY OF STATE ALLAHASSEE, FLORIDA

D. BRUCE 0CT 2 1 2008 EXAMINER

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

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Blue Wave Solutions LLC SUBJECT: (Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Naribel Gampitti Blue Wave Solutions, LLC (Firm/Company) 14286-19 Bench Blvd. #38/ (Address) JACKSONVILL, FC 32250 (City/State and Zip Code) )CT 20 PM 12:

For further information concerning this matter, please call:

(Name of Contact Person) at (904) 322-7347 (Name of Contact Person) (Area Code & Davtime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\$55 Filing Fee & Certified Copy

#### **STREET/COURIER ADDRESS:**

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Certified Copy

## MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Flo	orida De	epartr	nent
of State is: Blue Wave Solutions, LLC	TAL	80	·
2. This limited liability company was organized under the laws of: Florida	CRETARY OF LAHASSEE,	0CT 20	FILE
3. The Florida document/registration number of this limited liability company is: $L0600095914$	STATE FLORIDA	₩ I2: 03	D
4. I, <u>Kevin Riviere</u> , hereby resign as a <u>Ma</u> (Print Name of Person Resigning), (Pr	MAG rint Title)	<u>lR</u>	

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee:\$25.00 (Required)Certified Copy:\$30.00 (Optional)

CR2E079 (5/06)

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