

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076064

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** BLUWAVE SUPPORT SOLUTIONS, LLC

**Current Principal Place of Business:**

1609 CHERRY RIDGE DRIVE  
HEATHROW, FL 32746

**New Principal Place of Business:**

1609 CHERRY RIDGE DRIVE  
HEATHROW, FL 32746

**Current Mailing Address:**

1609 CHERRY RIDGE DRIVE  
HEATHROW, FL 32746

**New Mailing Address:**

1609 CHERRY RIDGE DRIVE  
HEATHROW, FL 32746

**FEI Number:** 26-0621117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JEFFRIES, DAVID M  
1227 N. FRANKLIN STREET  
TAMPA, FL 33602 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: ADAMS, MICHAEL R MGRM  
Address: 1609 CHERRY RIDGE DRIVE  
City-St-Zip: HEATHROW, FL 32746

I hereby certify that the information supplied with this filing does not qualify 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:** MICHAEL R ADAMS

MGMR

04/29/2008

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