

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000117086

Entity Name: ESO BLUE WAVE, LLC

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

503 N. ORLANDO AVENUE, SUITE 201  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

503 N. ORLANDO AVENUE, SUITE 201  
COCOA BEACH, FL 32931 US

**Current Mailing Address:**

503 N. ORLANDO AVENUE, SUITE 201  
COCOA BEACH, FL 32931

**New Mailing Address:**

503 N. ORLANDO AVENUE, SUITE 201  
COCOA BEACH, FL 32931 US

FEI Number: 26-4192575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FARO & ASSOCIATES, P.A.  
150 COCOA ISLES BLVD., STE 404  
COCOA BEACH, FL 32931 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: MICHAEL FARO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TAL, ORI  
Address: 503 N. ORLANDO AVENUE, SUITE 201  
City-St-Zip: COCOA BEACH, FL 32931 US

Title: MGRM  
Name: NAIMER, EFRAIM  
Address: 503 N. ORLANDO AVENUE, SUITE 201  
City-St-Zip: COCOA BEACH, FL 32931 US

I hereby 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: ORI TAL

MGRM

04/25/2011

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