

L09000035094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
10 MAR - 1 PM 1:09

T. HAMPTON

MAR - 2 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nu Wave Health & Wellness, LLC
(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:

Randy M. Goldberg, Esq
(Contact Person)

(Firm/Company)

2901 SW 149th Ave, #400
(Address)

Miramar, FL 33027
(City/State and Zip Code)

For further information concerning this matter, please call:

Randy M. Goldberg, Esq at (754) 224-0867
(Name of Contact Person) (Area Code & Daytime 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

MAILING ADDRESS:

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



February 26, 2010

Registration Section
Department of Corporations
Post Office Box 6327
Tallahassee, FL 32314

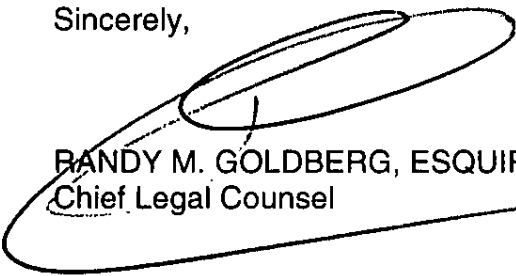
Re: Nu-Wave Health & Wellness, LLC
L09000035094
Physicians Wellness Products, LLC
L07000099366
Resignation (4x)

Dear Sir/madam:

Please find enclosed four (4) Resignations of Managers in regards to the above limited liability companies, along with the required fee for such services.

Thank you for your attention to this matter. In the event that you have any questions, please feel free to contact me.

Sincerely,



RANDY M. GOLDBERG, ESQUIRE
Chief Legal Counsel

Enclosures as noted

Randy M. Goldberg, Esquire; Chief Legal Counsel
2901 SW 149th Avenue, Suite 140, Miramar, FL 33027
954-874-4621 (Office) / 786-594-4658 (e-fax) / rgoldberg@ahcs.com



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

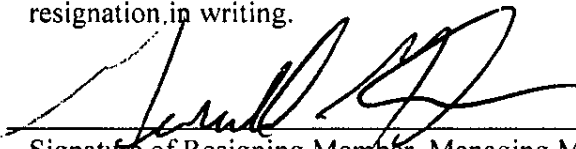
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: No Wave Health & Wellness, LLC

2. This limited liability company was organized under the laws of:
Florida

3. The Florida document/registration number of this limited liability company is:
L09000035094

4. I, Gerald G. Glass, M.D., hereby resign as a Manager
(Print Name of Person Resigning) *(Print Title)*

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR - 1 PM '09