L+0000054239

(Requ	uestor's Name)		
(Addi	ress)		
. (Addı	ress)		
(City/	/State/Zip/Phon	ne #)	
PICK-UP	WAIT	MAIL	
(Busi	iness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



700186342987

10/26/10--01013--003 **55.00

FILED
10 OCT 26 AM 11: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 27 2010

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Uwaves, LLC (Name of Limited)	Liability Company)	
The enclosed member, managing member or ma filing.	nager resignation and fee(s) are submitted for	
Please return all correspondence concerning this	matter to:	
Joseph Elkind (Contact Person)		
Foxcroft Realty Investme	70 =	
3080 NE 39th Street (Address)	SEE. FLO	
Fort Landerdale, FL 3330 (City/State and Zip Code)	08 BEN 3	
For further information concerning this matter, p	elease call:	
Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



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:	Waves LLC	
	ility company was organized under the laws of:	10 OCT 26 AM II: 13 SECRETARY OF STATE SECRETARY OF
3. The Florida docu	ument/registration number of this limited liability company i	s: FLOGE
L10000	0054239	TERIDA
(Print N	healty Investment, LLC, hereby resign as a MC dame of Person Resigning) bility company and affirm the limited liability company has liting.	(Print Title)
	, pr	
Signature of Resi	gning Member, Managing Member or Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	