43000067778

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	<u> </u>
•	,	- ··· ,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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COVER LETTER

TO: Registration Section		
Division of Corporations	•	
SUBJECT: AIR WAVE TOURS, LLC		
(Name of Lim	ited Liability Cor	npany)
The enclosed member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
lleana Noa		
(Contact Person)	· ·	-
CONCORDE LAND TITLE SERVICES,	INC.	
(Firm/Company)		_
134 S. Dixie Highway, Suite 100		
(Address)		_
Hallandale Beach, FL 33009		
(City/State and Zip Code)		_
For further information concerning this matter	er, please call:	
Ileana Noa	305 at (356-8403
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable t		•
■ \$25 Filing Fee	□ \$55 Filing	g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it WAVE TOURS, LLC	appears on the records of the Flo	orida Department
2. The Florida docu L130006777		gned to this limited liability comp	pany is:
3. The date this me	mber/manager withdrew/resign	ned or will withdraw/resign is:	
4. I, THOMAS HA	ame of Person Resigning)	, hereby withdraw/resign as a	
	(Print Title)		
of this limited lia resignation in wr		limited liability company has bee	n notified of my
	ssociating Member or Resigning	ng Manager	TA CI
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	ng ivianagei	CRETARY OF STAI