

L20000040194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

2 member Resigning

Office Use Only



500362441975

04/05/21--01025--011 \*\*25.00

FILED  
2021 APR -9 AM 8:08  
TALLAHASSEE, FL  
CLERK OF COURT

D BRUCE  
JUN 11 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 26, 2021

JOSEPH WIENDL  
17 GREENWOOD LN  
COCOA BEACH, FL 32931

SUBJECT: SUN WAVE WELLNESS, LLC  
Ref. Number: L20000040194

We have received your document for SUN WAVE WELLNESS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one person can resign per form.

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 221A00011407

2021 APR -9 AM 8:08  
TALLAHASSEE, FL

2021 APR -9 AM 8:08

PM 1:07

RESUBMISSION  
2 of 2

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUN WAVE WELLNESS, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOSEPH WIENDL

(Contact Person)

LAMINAR ADVISORS, LLC

(Firm/Company)

17 GREENWOOD LN

(Address)

COCOA BEACH, FL 32931

(City/State and Zip Code)

For further information concerning this matter, please call:

GARY DEANGELO

at ( 321 )

431-0000

(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

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RESUBMISSION  
242



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SUN WAVE WELLNESS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L20000040194

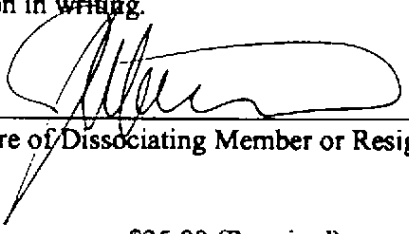
3. The date this member/manager withdrew/resigned or will withdraw/resign is: DEC 7, 2020

4. I, JOSEPH WIENDL, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2021 APR -9 AM 8:03  
RECEIVED  
TALLAHASSEE, FL

FILED