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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

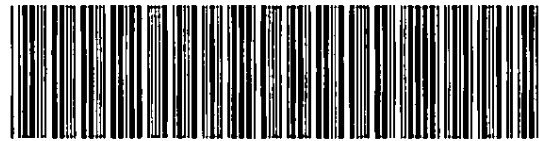
(Business Entity Name)

(Document Number)

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2022 AUG 18 AM 8:49
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NOV 30 2022

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CYBER WAVE 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:

Chekuri Suri

(Contact Person)

Cyber wave LLC

(Firm/Company)

397 WEKIVA SPRINGS ROAD, SUITE 121

(Address)

LONGWOOD FL 32779

(City/State and Zip Code)

For further information concerning this matter, please call:

Chekuri Suri

(Name of Contact Person)

408 7188159
at ()

(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

AMBR RESIGNATION LETTER

Date: Aug 15, 2022

Undavalli Venkata Satya Phanindra ,

2470, Lake Debra Dr. Apt 13-104, Orlando ,FL-32835

(224) 345-9123

hr@cyberwavelle.com

RE: MANAGER RESIGNATION

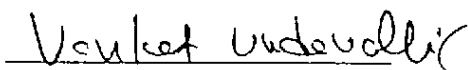
Dear Suri Chekuri,

This letter represents my official notice of resignation from my AMBR position with CYBER WAVE LLC which is to be made final on Aug 15, 2022.

It has been with great pleasure to be alongside the individuals at this organization and will always appreciate the experience and knowledge I gained during my involvement with CYBER WAVE LLC.

I hope the notice-period is enough for you to find a replacement. Furthermore, please let me know of any help that I could be in the future to help in this transition.

Sincerely,



Undavalli Venkata Satya Phanindra ,



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: CYBER WAVE LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000061098

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Aug 15, 2022

4. I, Undavalli Venkata Satya Phanindra, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized Member

(Print Title)

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

Venkata Undavalli

Signature of Dissociating Member or Resigning Manager

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

2022 AUG 18 AM 6:49
FALL COUNTY, FLORIDA