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## **COVER LETTER**

SUBJECT: Wave Jumpers LLC
Name of Limited Liability Company 1 21000142769
DOCUMENT NUMBER: L21000142769
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
United States Corporation Agents, Inc.
Name of Person
Legalzoom.com, Inc.
Name of Firm/Company
9900 Spectrum Dr.
Address
Austin, TX 78717
City/State and Zip Code
raresignations@legalzoom.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (800) 773-0888  Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

## MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

## STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011	<ol><li>Florida Statutes, the unders</li></ol>	signed,			
United States Corporation Agents, Inc.		hereby resigns as				
Name of Registered Agent			. Hereby resigns as			
Registered Agent for	Vave Jumpers LLG	<u> </u>			_	
	Name of Lin	nited Liability Company				
L21000142769						
Document N	umber, if known					
A copy of this resignation	on was mailed to the a	above listed limited liability co	ompany at its last known	address		
The agency is terminate		ntinued on the 31st day after t	the date on which this sta	itement is	s filed.	
		Trautlain Signature of Resigning Agent				
lf signing on behalf of a	in entity:					
	Erik Treutlein			~>		
	.1.	yped or Printed Name	<del></del>	2024 AUG		
	Vice President on beha	If of United States Corporation Age	ents, Inc.	AU,	•- [-	
		Capacity		916	-	
	FILING \$ 85.00 \$ 25.00	FEES:  Active limited liability com Administratively dissolved, withdrawn limited liability	ipany / voluntarily dissolved/ company	80:11 HW	11	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314