

L230000210767

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2023 AUG 14 AM 9:46
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Softwaves USA LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L23000210767

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:

Marcelo Santos

Name of Person

Softwaves USA LLC

Name of Firm/Company

32785 Sunny Park Dr

Address

Fernandina Beach, FL 32034

City/State and Zip Code

Softwavesus@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Jacobson

Name of Person

904

4155009

at (

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2023

MARCELO SANTOS
32785 SUNNY PARK DRIVE
FERNANDINA BEACH, FL 32034

SUBJECT: SOFTWAVES USA LLC
Ref. Number: L23000210767

We have received your document for SOFTWAVES USA LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$85.00.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 323A00017218

AUG 14 2023

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

REGISTERED AGENTS INC

, hereby resigns as

Name of Registered Agent

Registered Agent for SOFTWAVES USA LLC

Name of Limited Liability Company

Limited Liability Company

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

David Roberts

Signature of Resigning Agent

If signing on behalf of an entity:

Marcelo Santos

Typed or Printed Name

owner

Capacity

FILED
2023 AUG 14 AM 9:46
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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