L24000274868

(Requestor's Name)		
(Äddress)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE		
OCT - 2 2024		

Office Use Only



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2024 OCT -1 FH12: 01

Econoct - 1 AH 10: 53

(850) 524-54372 (850) 524-6243 Please use funds from the account | I20210000160: _55.00_____ Authorization Signature: L24000274868 Speed Wave Communications LLC Business Document # Will wait Walk in Certified Copy of the filing Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> ____ Amendment Profit ____Resignation of R.A. Officer/Director ___ Not for Profit Change of Registered Agent Limited Liability X___Dissolution/Withdrawal Domestication INC Conversion Statement of Correction. **CORP** Merger **OTHER OTHER FILINGS** REGISTRATION/QUALIFICATIONS Foreign Filing Annual Report Partnership Fictitious Name Reinstatement CORRECTION for a Foreign LLC Statement of Authority Domestication of a Foreign Corp. APOSTIL **COUNTRY** Other EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

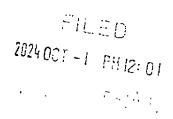
Please use funds from the account	
Authorization Signature:Speed Wave Communications LLC	L 24000274868
Business	Document #
Walk in	Will wait
Certified Copy of the filing	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication INC CORP OTHER	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentXDissolution/WithdrawalConversionStatement of CorrectionMerger
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign Filing
	Partnership
Fictitious Name	Reinstatement
_ Statement of Authority	CORRECTION for a Foreign LLC
Statement of Francischy	Domestication of a Foreign Corp.
APOSTIL	
COUNTRY	Other
EXAMINER'S INITIALS:	

COVER LETTER

TO: Registration	on Section		
Division o	f Corporations		
SUBJECT: Speci	d Wave Communications LLC		
	(Name of Limited	l Liability Con	ipany)
The enclosed mer	nber, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all c	orrespondence concerning thi	s matter to:	
Jennie Rios Sanchez			
	(Contact Person)		-
Speed Wave Commu	nications LLC		
	(Firm/Company)		•
333 Las Olas Way, S	uite 100		
	(Address)	····	•
Fort Lauderdale, FL	33301		
-	(City/State and Zip Code)		-
For further inform	nation concerning this matter,	please call:	
Jennie Rios Sanchez	а	561 t (779-9028)
(Name o	of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please fi ☐ \$25 Filing Fee	ind a check made payable to t		Department of State for: g Fee & Certified Copy
_		_	
P.O. Box 6	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

	e limited liability company and distributed liability an	as it appears on the records of the Florida Department
	cument/registration number	assigned to this limited liability company is:
L24000274868		·
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is: 9/27/2024
ANTONIO JEN	KINS	hereby withdraw/region as a
(Print i	Name of Person Resigning)	, hereby withdraw/resign as a
Authorized Repre		
	(Print Title)	
of this limited lia resignation in w		the limited liability company has been notified of my
anto	nig Alnew	· · · · · · · · · · · · · · · · · · ·
Signature of D	issociating Member or Resi	gning Manager
~	\$25.00 (Required)	
Certified Convi	\$30.00 (Ontional)	