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WAVEBLOCK LLC						U MAK 19 PM 1: 27				
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE. FLORIDA					
4201 N. OCEAN BLVD SUITE 801 4201 N. OCEAN BLVD SUITE 80 BOCA RATON FL 33431 BOCA RATON FL 33431							. 4,	7110 <i>7</i> 4		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt, #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		-	4. FEIT	Number 65-0888486			plied For ot Applicable]
Zip	Country	Zip	Coun	try	5. Certi	••		5.00 Add	litional	7
	6. Name and Address of Current	Registered Agent		Name	7. Nam	e and Address of New Regi				1
VINNIK T	DANIFI M	•	-		a (D.O. Boy A	humbaria Alat Amantabla				-
4201 N. OCEAN BLVD.			l	Street Addres	S (P.O. BOX II	lumber is Not Acceptable)	-	·		-
BOCA RA	ATON FL 33431		١	City			FL	Zip Code	<u> </u>	-
8. The above	named entity submits this statement for	or the purpose of changing it	ts registere	ed office or regis	tered agent	or both, in the State of Florid		<u> </u>		-
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SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered	d Agent signature requ	ired when reinstat	ing)	DATE			,
	•	1 '		FEE IS \$50.0						}.
		Make Check P	ayable to	o Department	of State		,			
9.	MANAGING MEMB		10.			ADDITIONS/CH]_
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11. I hereby d	certify that the information supplied with	this filing does not qualify for	or the exer	nption stated in	Section 119.	07(3)(i), Florida Statutes. I fur	ther certif	y that the in	formation	1
indicated limited lia	on this report is true and accurate and ability company or the receiver of ruster	tnat my signature shall have e en powered to execute thi	the same report as	required by Cha	rmade unde apter 608, Fk	r oatn; tnat I am a managing orida Statutes.	member	or manager	of the	
CIONAT	UNILLY	WW OF VA	W162	MVIN	uk	3-15-01				
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME OF	F SIGNING MANAGING MEMBER, M.	ANAGER, OR	AUTHORIZED REPRE	SENTATIVE	Date	Dayı	time Phone #		