2000 LINIEODM RUSINESS DEDORT (URD)

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DOCUMENT # . L9900006970 1. Entity Name				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
WAVE CLUB, L.L.C.				DIVISION OF CORPORATIONS	
Ten#				00 SEP -5 AM 10: 02	
Principal Place of Business Mailing Address					
350 OCEAN DRIVE		350 OCEAN DRIVE		- my	
MIAMI BEACH FL 33139		MIAMI BEACH FL 33139-6905		()	
				I LERKEK BIG KOLE TEKNI BENK EDAK BOKK BAKK DEKKE TIKKE KERK BOKK BOKK	ı
2. Principal Place of Business		3. Mailing Address			
		Color And Hard		<u> </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Star	te	City & State		4. FEI Number 65 - 0156370. Applied For Not Applicab	Ĩe
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional	
_ .	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	\dashv
	J. Name and Address of Cuffert	richigrand whent	Name	Intitute but Addition of their Inditional Additi	
SOFI ON	SOFI ONE, INC. (MGR)			ess (P.O. Box Number is Not Acceptable)	\dashv
407 LINCOLN ROAD, SUITE 8-R					\dashv
MIAMI BEACH FL 33139					_
		,	City	FL Zip Code	Į
8. The above	e named entity submits this statement fo	r the purpose of changing its	registered office or regi	gistered agent, or both, in the State of Florida.	\exists
SIGNATURE	Alessandro Ferra	H: (MGRM) Rus	deut 84	Soft One 1/20/2000.	
	Signature, typed or printed name of registered agent a	and the mappingable. (NOTE	. negisleted Agent signature req	Administration in the second of the second o	\dashv
	•	i i	W!!! FEE IS \$50.0	1	- [
		Make Check Pay	able to Departmen	nt of State	
9.		ERS/MEMBERS	10.	ADDITIONS/CHANGES	۵,
TITLE		KW\ . Delete	TITLE	Change Additi	m) §
NAME STREET ADDRESS	11.00		NAME STREET ADDRESS	7000033918775 -09/13/0001078003	
CITY- \$T-ZIP	MIAMI BEACH, FZ 3	3139	. CITY-ST-ZIP	-03/13/00010/8003 ****\$5.00 *****55.00	
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NAME STREET ADDRESS	را ي المعلق المسترين المعلومينية المتيان المعين م	ارزائ شنست از السعاب بوادوا.	- MAME	ستنيار الأراب المراب المحاج فيتناه بتنهيدات إذا القاطبيط المحيط المحيط المعطوب المحيوا	-, -
CITY-ST-ZIP			CITY-\$T-ZIP		_ {
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MAME STREET ADDRESS			NAME STREET ADDRESS		
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NAME STREET APPROACE			NAME STREET AUDRESS		
CITY-81-ZIP			CITY-ST-ZIP		
				in Section 119.07(3)(i), Florida Statutes. I further certify that the information	\dashv
	I on this report is true and accurate and ability company or the receiver or trustee			s if made under oath; that I am a managing member or manager of the hapter 608, Florida Statutes.	
	11 ans man a re			11. 21	
SIGNAT		tereth -	ELECTION OF HAMAGES	4/20/2000 (304)673-040	>i
	SKANATUKE AND TYPED OR PRIM	ited name of signing Managing N	REMOEN OH MANAGER	Dayle Daytime Phone #	ì