

MO 40000001421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

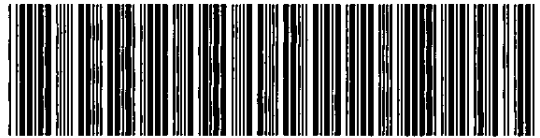
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DELAWARE

S. HAWKES

JAN 7 2009

EXAMINER

**BAKER
DONELSON**
BEARMAN, CALDWELL
& BERKOWITZ, PC

1800 REPUBLIC CENTRE
633 CHESTNUT STREET
CHATTANOOGA, TENNESSEE 37450
PHONE: +23.756.2010
FAX: +23.756.3447

www.bakerdonelson.com

SHARON SIMMONS, PARALEGAL
Direct Dial: 423-752-4413
Direct Fax: 423-752-9584
E-Mail Address: ssimmons@bakerdonelson.com

December 30, 2008

Florida Department of State
Registration Section, Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

VIA FEDERAL EXPRESS

Re: Gulf Waves Partners, LLC

Dear Ladies and Gentlemen:

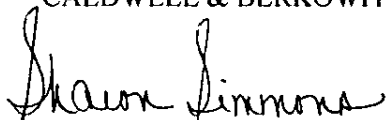
Enclosed are the original and a duplicate copy of the Application for Withdrawal of Gulf Waves Partners, LLC, along with a form cover letter and our check in the amount of \$25.00. Please file this application for us as soon as possible, and return a file stamped copy to my attention. A self-addressed, postage prepaid envelope is also enclosed.

If you have any questions or if there is a problem, please let me know. For your convenience, my direct phone number and e-mail address are listed above.

Thank you.

Very truly yours,

BAKER, DONELSON, BEARMAN,
CALDWELL & BERKOWITZ, P.C.


Sharon Simmons, Paralegal

SS
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULF WAVES PARTNERS, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Simmons

(Name of Person)

Baker, Donelson, Bearman, Caldwell & Berkowitz, PC

(Firm/Company)

1800 Republic Centre, 633 Chestnut Street

(Address)

Chattanooga, TN 37450

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Simmons

(Name of Person)

at (423) 752-4413

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

GULF WAVES PARTNERS, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

7708 Legends Way

(Mailing address)

Chattanooga, Tennessee 37421

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

A. A. Buniak

(Signature of member or authorized representative of a member)

Al A. Buniak, Member and Chief Manager

(Typed or printed name of signee)

Filing Fee: \$25.00

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08 DEC 31 PM 12:07
RECEIVED
SECRETARY OF STATE
FLORIDA