

MR2000008931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

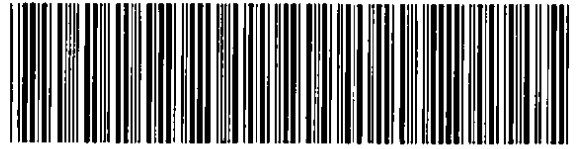
Special Instructions to Filing Officer:

J DENNIS

SEP 18 2023

Office Use Only

CF- 85.00



500413915125

08/15/23--01028--015 **85.00

FILED
2023 AUG 15 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WAVE 90 L2 LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M22000008931

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:

Sierra Campos

Name of Person

First Corporate Solutions Inc

Name of Firm/Company

914 S St

Address

Sacramento CA 95811

City/State and Zip Code

RAServices@ficoso.com

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

For further information concerning this matter, please call:

Sierra Campos

Name of Person at (916) 3138925
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

First Corporate Solutions, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for WAVE 90 L2 LLC

Name of Limited Liability Company

M22000008931

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.


Signature of Resigning Agent

If signing on behalf of an entity:

Richard Ahrens

Typed or Printed Name

CFO

Capacity

FILING FEES:

\$ 85.00 Active limited liability company

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withdrawn limited liability company

2023 AUG 15 PM 3:11
FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32310

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314