

P06000149522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

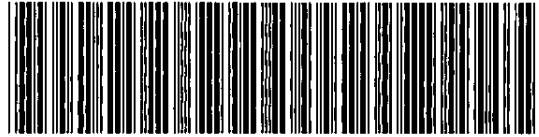
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100137833101

11/14/08--01046--015 **35.00

FILED

08 NOV 14 AM 9:13

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

CO
11/20/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Waves transport inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000149522

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Braulio Cabrera

(Name of Person)

Waves Transport Inc

(Name of Firm/Company)

15113 sw 109 lane

(Address)

Miami Fl. 33196

(City/State and Zip Code)

For further information concerning this matter, please call:

Braulio Cabrera

(Name of Person)

at (786) 343-1000

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

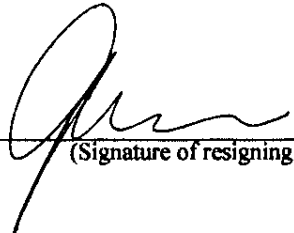
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Johanny Cabrera, hereby resign as President
(Title)

of Waves Transport, Inc.
(Name of Corporation)

P06000149522, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
08 NOV 14 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

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

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