

P07 0000 667 64

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FL

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 01/04/2024

PRIORITY Routine

OUR REF # (Order ID#) Westley

ORDER ENTITY

NEW WAVE LENDING CORP.

PLEASE PERFORM THE FOLLOWING SERVICES:

NEW WAVE LENDING CORP.

Please file the attached resignation.

NOTES:

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW WAVE LENDING CORP.
(Name of Corporation)

DOCUMENT NUMBER: P07000066764

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Westley Look

(Name of Person)

Incorporating Services, Ltd.

(Name of Firm/Company)

3500 S DuPont Highway

(Address)

Dover, DE 19901

(City/State and Zip Code)

For further information concerning this matter, please call:

Westley Look

(Name of Person)

at (302) 531-0703

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

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

Mailing Address:

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

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SECRETARY OF STATE
TALLAHASSEE, FL

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Incorporating Services, Ltd.
(Name of Registered Agent)

hereby resigns as Registered Agent for NEW WAVE LENDING CORP.
(Name of Corporation)

P07000066764

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

A. Archambault
(Signature of Resigning Agent)

If signing on behalf of an entity:

Amanda Archambault
(Typed or Printed Name)

Assistant Secretary
(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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