

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000090426

**Entity Name:** ATLANTIC BLUE WAVE, LLC

**Current Principal Place of Business:**

5555 SOUTH STREET  
LINCOLN, NE 68506

**Current Mailing Address:**

5555 SOUTH STREET  
LINCOLN, NE 68506

**FEI Number:** 47-1081520

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURNELL, THOMAS W  
4280 GALT OCEAN DR.  
PH-A  
FORT LAUDERDALE, FL 33308 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MBR  
Name BURNELL, THOMAS W  
Address 5555 SOUTH STREET  
City-State-Zip: LINCOLN NE 68506

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS W. BURNELL

**MANAGER**

01/11/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date