

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000007659

Entity Name: SINGLECOMM LLC**Current Principal Place of Business:**1221 ALVERSER DRIVE
MIDLOTHIAN, VA 23113**Current Mailing Address:**1221 ALVERSER DRIVE
MIDLOTHIAN, VA 23113**FEI Number:** 47-1414797**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MGR
Name	MASCHOFF, KURT
Address	1221 ALVERSER DRIVE
City-State-Zip:	MIDLOTHIAN VA 23113

Title	MGR
Name	PUCCINELLI, MICHAEL
Address	1221 ALVERSER DRIVE
City-State-Zip:	MIDLOTHIAN VA 23113

Title	MGR
Name	VOGEL, RICHARD
Address	712 FIFTH AVENUE 14TH FLOOR
City-State-Zip:	NEW YORK NY 10019

Title	MGR
Name	LOEB, MICHAEL
Address	712 FIFTH AVENUE 14TH FLOOR
City-State-Zip:	NEW YORK NY 10019

Title	MGR
Name	BRYNES, ANDREW
Address	712 FIFTH AVENUE 14TH FLOOR
City-State-Zip:	NEW YORK NY 10019

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: KURT MASCHOFF

MANAGER

03/10/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date