LO7 0000 34272

(Rec	questor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



200329840052

05/28/19--01018--023 **25.00

7 2 1 2 1 5 2 5 5 2 N

JUN 1 2019

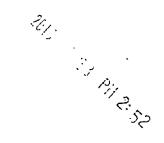
177

COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	Spectrum Services LLC					
		(Name of Limited Liability Company)				
The enclos	sed member, resignation or dis	sociation and feet	s) are submitted for filing.			
Please retu	un all correspondence concern	ing this matter to:				
Evelyn Pa	arrado					
	(Contact Person)	· .	_			
Spectrum	Services LLC					
	(Firm/Company)		<u> </u>			
51 SW 42	2nd Ave, 1st Floor					
	(Address)		_			
Miami, Fl	_ 33134					
	(City/State and Zip Code)		_			
For further	information concerning this n	natter, please call				
Evelyn Pa	arrado	305	469-1270			
	(Name of Contact Person)		e & Daytime Telephone Number)			
Enclosed p ■ \$25 Fili	please find a check made payah ing Fee		Department of State for: g Fee & Certified Copy			
	COURIER ADDRESS:		MAILING ADDRESS:			
Registration Division o	on Section f Corporations		Registration Section Division of Corporations			
Clifton Bu	ilding		P.O. Box 6327			
	utive Center Circle e, Florida 32301		Tallahassee, Florida 32314			

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	s it appears on the records of the	Florida Department
2. The Florida doc L070003427		ssigned to this limited liability co	ompany is:
3. The date this mo	mber/manager withdrew/res	signed or will withdraw/resign is:	01/31/2019
Juan A Hernandez			
Print N	ame of Person Resigning)	, hereby withdraw/resign as	1 (1
Manager			
-	(Print Title)		
of this limited lia resignation in wr		ne limited liability company has b	een notified of my
Signature of D	issociating Member or Resig	ning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:			