L12000056224

(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone) #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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SEGRÉTARY OF STATE TALLAHASSEE, FLORIO?

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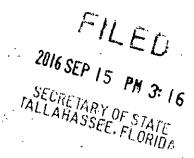
K. SALY EXAMINER SEP 16

COVER LETTER

Division of Corporations			
SUBJECT: 183AMALE LLC			
(Name of Limited Liability Company)			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to:			
Jorge M. Nemi			
(Connect reison)			
GEG Spectrum. Inc			
(Firm/Company)			
20335 W. Country Club Drave, Suite 2504			
Aventura 71 33130 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
and the same of th			
Torac M. Nemi at (454) 443-0636 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
(Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: \$\frac{12}{25}\$ \text{Filing Fee} \text{\$\frac{1}{255}\$ \text{Filing Fee & Certified Copy}}			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314			
Tallahassee, Florida 32301			

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)

1. The name of the lin	nited liability compa	ıny as it app	pears on the records of the Florida Department
of State is: IR	SAMALE	LLC	
2. The Florida docum	ent/registration num	ber assigne	d to this limited liability company is:
L120000 56	,224		
3. The date this mem	ber/manager withdre	w/resigned	or will withdraw/resign is: 01/18/16
4. I, IRMA FAS	RHAT ne of Person Resigning)	<u> </u>	, hereby withdraw/resign as a
MGRM (P)	rina Title)		
of this limited liabilities resignation in writing	• •	irm the limi	ited liability company has been notified of my
Signature of Diss	ociating Member or	Resigning N	Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		