

L14000116974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

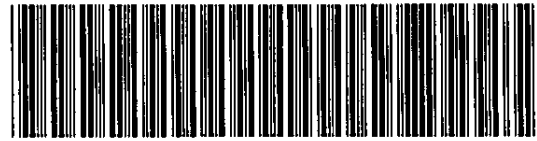
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2016 NOV 23 P 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
NOV 28 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 NOV 23 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 16, 2016

CLIFFORD D. ROSEN
2665 S. BAYSHORE DR. STE 605B
MIAMI, FL 33133

SUBJECT: SOUNDSLINGER, LLC
Ref. Number: L14000116974

We have received your document for SOUNDSLINGER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 816A00024566

11-22-2016

NEW FORMS AS PER ABOVE EXECUTED
& ATTACHED - PLEASE FILE.

THANK YOU,

CLIFFORD D. ROSEN

2016 NOV 23 P 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Soundslinger 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:

Clifford D. Rosen

(Contact Person)

Soundslinger LLC

(Firm/Company)

2665 S. Bayshore Drive, Suite 605B

(Address)

Miami, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

Juani Amago

(Name of Contact Person)

at (305) 537-4908

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

2016 NOV 23 P 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



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 limited liability company as it appears on the records of the Florida Department of State is: Soundslinger LLC

2. The Florida document/registration number assigned to this limited liability company is:

L14000116974

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/07/2016

4. I, Clifford D. Rosen, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 NOV 23 P 3:20

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