

L17000083586

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (850)656-7956  
Fax Number : (850)656-7953

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FALL RIVER, FLORIDA

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LLC REGISTERED AGENT RESIGNATION  
SPECTACLE LLC

Certificate of Status	0
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2018 OCT 29 PM 2:06

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OCT 30 2018

## COVER LETTER

INHS17 (2/14)

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,  
**INCORPORATING SERVICES, LTD.**, hereby resigns as  
\_\_\_\_\_  
Name of Registered Agent

Registered Agent for **SPECTACLE LLC**  
\_\_\_\_\_

Name of Limited Liability Company

**L17000083586**  
\_\_\_\_\_

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Amanda Archambault  
Signature of Resigning Agent

If signing on behalf of an entity:

**AMANDA ARCHAMBAULT**  
\_\_\_\_\_

Typed or Printed Name

**ASSISTANT SECRETARY**  
\_\_\_\_\_

Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314