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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052 Phone : (850)656-7956 Fax Number : (850)656-7953

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LLC REGISTERED AGENT RESIGNATION SPECTACLE LLC

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SPECTACLE LLC	d Liability Company		
DOCUMENT NUMBER: L17000083586	Liability Company		
The enclosed Resignation of Registered Agent for for filing.	a Limited Liability Company and fee are submitted		
Please return all correspondence concerning this m	natter to the following:		
Amanda Amhambautt.			
INCORPORATING SERVICES, LTD.			
Name of Firm/Company			
3500 SOUTH DUPONT HIGHWAY			
Address			
DOVER, DE 19901			
City/State and Zip Code			
aarchambault@incserv.com			
E-mail address: (to be used for future annual report not	ification)		
For further information concerning this matter, ple	ase call:		
at (8	346-4646		
Name of Person	346-4646 Area Code Daytime Telephone Number		
Enclosed is a check made payable to the Florida D liability company or \$25.00 for an administratively liability company.	epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited		
MAILING ADDRESS:	STREET ADDRESS:		
Registration Section	Registration Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassaa El 22214	2661 Evanytiva Contan Cirola		

2661 Executive Center Circle Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115	, Florida Statutes, the un	dersigned,	
INCORPORATING	SERVICES, LTD.		hembu mai	72
	Name of Registered Agent		, hereby resigns a	is of the
Registered Agent for S	PECTACLE LLC			· 第 3 つ
_				95. 1
	Name of Limit	ed Liability Company		
L17000083586				
Document Nu	mber, if known			
	d and the office discon		fter the date on which	st known address.
If signing on behalf of a	n entity:			
	AMAN	DA ARCHAMBAUL	Τ	
	Ту	ped or Printed Name		
	ASSISTANT SECRETARY			
		Capacity		
	FILING F \$ 85.00 \$ 25.00	TEES: Active limited liability Administratively disso withdrawn limited liab	company lved/voluntarily di pility company	ssolved/

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