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## **COVER LETTER**

SUBJECT: VISIBLE Spect Rum 16C (Name of Limited Liability Company)

TO:

Registration Section Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301

CRCE079 (2-14)

The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
John S. Singer	
Visible Spectrum	LLC
21 Sloan's Curve D/	RIVE
Palm Beach, F1 (City-State and Zip Code)	33480
For further information concerning this matt	er, please call:
John S. Singer (Name of Contact Person)	at ( <u>917</u> ) <u>690-0993</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for:  \$\Bullet\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314



## 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)

: 77	he name of the I	imited liability (	company as it :	appears on th	e records of the	ء Florida Departmen	ıt
	State is: V						
2. TI	he Florida docu	nent/registration	n number assig	gned to this li	mited liability co	ompany is:	
	L 1700	01646	77	·			
3. TI	he date this men	nber/manager w	ithdrew/resign	ed or will wi	thdraw/resign is	Aug. 17,2	.017
					ithdraw/resign a		
-	MGI	Print Title)					
	this limited liab signation in writ		nd affirm the l	imited liabilit	y company has l	ocen notified of my	<i>,</i>
X	Signature of Dis	sociating Meml	per or Resignir	ig Manager	<del></del>		
⊀ Filin Cen	ng Feet 15ad Copyt	\$25.00 (Requ \$30.00 (Option					