

L13000097935

(Requestor's Name)

(Address)

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TALLAHASSEE, FLORIDA

13 MAR 6 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Phoenix Voip Intl, 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:

**Ovies, Ida G**

(Contact Person)

(Firm/Company)

**3785 NW 82ND Avenue Suite 302**

(Address)

**Doral, FL, 33166**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Raul Magallanes** at ( **281** ) **317-1397**  
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Phoenix Voip Intl, LLC

2. The Florida document/registration number of this limited liability company is:  
L13000097935

3. The date this member withdrew or will withdraw is: 01/25/2014

4. I, Oscar Devoto, hereby resign as a member/manager  
*(Print Name of Person Resigning)* *(Print Title)*

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

\_\_\_\_\_  
Signature of Resigning or Dissociating Manager, Member

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14 MAR 5 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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