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To:

Division of Corporations

Fax Number : (85

: (850)617-6380

From:

Account Name : DOMINIUM CONSULTING SERVICES, LLC

Account Number : I20180000103
Phone : (407)374-2329
Fax Number : (407)412-5926

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ALANISE CORPORATION

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TRANSMITTAL LETTER

то:	Amendment Section Division of Corporations		l	
	ALANISE CORPORATION			
SUBJ	ECT:	(Name o	Corpora	ition)
DOC	UMENT NUMBER:			
The e	nclosed Officer/Director Resign	nation for a Cor	poration	and fee are submitted for filing
	return all correspondence con ON CARDOSO	cerning this mat	ter to th	e following:
	(Name of Perso	en)		
DOMI	NIUM CONSULTING SERVICES			
	(Name of Firm/Con	npany)		
6965 F	PIAZZA GRANDE AV #206			
	(Address)			
ORLA	NDO, FL 32835			
	(City/State and Zip	Code)		
For fi	irther information concerning t	his matter, plea	se call:	
CAMI	_A	407	•	374-2329
	(Name of Person)	at (rea Code) e & Daytime Telephone Number)
	(rume or resour)	`		•
Enclo	sed is a check for \$35.00 made	payable to the	Florida l	Department of State.
Amer Divis P.O. I	ng Address: adment Section ion of Corporations Box 6327 hassee, FL 32314	Street Addres Amendment S Division of Co 2661 Executivy Tallahassee, Fl	ection iporation e Center	ns Circle

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

19 JUN 13 PM 10: 05
FALL ATTACKET FLORIDA

MONISE PRISCILLA CHRISTOFOLETTI	VP
Ī.,	, hereby resign as (Title)
	(Fine)
ALANISE CORPORATION	
of	
(Name of Corpora	tion) I
P17000085952	
, a corp	pration organized under the laws of the State of
(Document Number, if known) FLORIDA	
·	
Docusigned by.	
4	
CHRRISE 170484AN (Signature C	of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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