

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
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EXAMINER



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SECRETARY OF STATE DIVISION OF COAPTRATION

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MTS TELCO LLC	
(Name of Limited Liability Comp	pany)
The enclosed member, managing member or manager resign filing.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
HUMBERTO ITRIAGO	
(Contact Person)	
MULTIPHONE LATIN AMERICA INC	
(Firm/Company)	
2051 NW 112TH AVENUE SUITE 114	
(Address)	
MIAMI, FL 33172	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
JORGE FERNANDEZ at (305	357-2139
(Name of Contact Person) (Area Code &	Daytime Telephone Number)
Enclosed please find a check made payable to the Florida De	
\$25 Filing Fee \$5	55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section
<u>-</u>	Division of Corporations
-	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Γallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it apperent of State is: MTS TELCO LLC	ars on the records of the Florida Department
2. This limited liability company was organized under STATE OF FLORIDA	the laws of:
3. The Florida document/registration number of this line L08000100228	nited liability company is:
4. I, JORGE WELCH	ereby resign as a MANAGER
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the limite resignation in writing.	d liability company has been notified of my
Signature of Resigning Member, Managing Member	or Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	SECRETARY OF COST SAFE

CR2E079 (5/06)