

L10000004073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

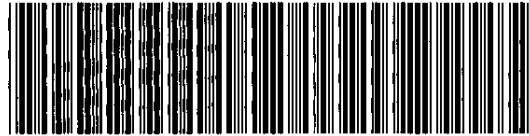
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 OCT 18 AM 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 19 2010

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Telecom Brokering Services, LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Danilo J. Cardona

Name of Person

Telecom Brokering Services, LLC.

Firm/Company

8325 NW 144 ST

Address

Miami Lakes, FL 33016

City/State and Zip Code

info@dcardona.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danilo J. Cardona

Name of Person

at (786)

251-3242

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 18 AM 11:07

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee
+ 5.00 →

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

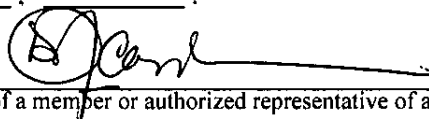
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Zulema Ruiz	3735 WEST 8 AVE Hialeah, FL 33012	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 10-12-2010



Signature of a member or authorized representative of a member

DANILO J. CARDONA

Typed or printed name of signee

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10 OCT 18 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA