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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Airtelecom Voip S		
(Name of Limite	ed Liability Company)	
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to:	
Ovies, Ida G		
(Contact Person)		
	í T	2014
(Firm/Company)		
3785 NW 82ND Avenue Sui	te 302	OIL MAR -5 PH & 92
(Address)		送 3€
Doral, FL, 33166		1 A 2 C
(City/State and Zip Code)		
For further information concerning this matter,	, please call:	
Raul Magallanes	at (281) 317-1397 (Area Code & Daytime Telephone Numl	
(Name of Contact Person)	(Area Code & Daytime Telephone Numl	ber)
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:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 3231	4

CR2E079 (12/13)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as elecom Voip Services,		ds of the Florida I	Departmer	nt
2. The Florida docu L130000979	nment/registration number of	this limited liability co	ompany is: AHASS	2014 MAR -	7
3. The date this me	mber withdrew or will withd			3 1	
4. I, Oscar Devo	oto ame of Person Resigning)	, hereby resign as	a memberima	iganer (☑	フ
•	bility company and affirm the	e limited liability comp	•	w 3	у
Signature of Re	esigning or Dissociating Mar	nager, Member			
Filing Fee:	\$25.00 (Required)				

CR2E079 (12/13)