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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Rusi	iness Entity Name	<u></u>		
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(Doc	ument Number)			
Certified Copies	Certificates of	of Status		
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Special Instructions to Fi	iling Officer:			

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Office Use Only



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FEB 04 2020 S. YOUNG

COVER LETTER

TO! Registration Section Division of Corporations	
SUBJECT: Lean Telecom Consulting, LLC	
(Name of Limit	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Rebecca Ferguson	
(Contact Person)	
Lean Telecom Consulting, LLC	
(Firm/Company)	
4771 Bayou Blvd. Ste 203	
(Address)	
Pensacola, FL 32503	
(City/State and Zip Code)	
For further information concerning this matte	r. please call:
Rebecca Ferguson	850 3049699 at ()
(Name of Contact Person)	at ()(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
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company a		of the Florida Department
2. The Florida docu	ument/registration number a	nssigned to this limited liabi	ility company is:
Lunaino Dienator	mber/manager withdrew/re	_	
Managing Membe	ame of Person Resigning) er (MGRM) (Print Title)		
	bility company and affirm t	he limited liability company	y has been notified of my
Signature of Di	a Rho Jho ssociating Member or Resig		2020 JAN DEPART DIVISION O TALLAH
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		-6 AT 7 HENT OF ST OF SORPORA ASSEE, FLOR