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To:  
Division of Corporations  
Fax Number : (850)617-6383

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.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
YELLOW BIRDS SPORTS ACADEMY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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2020 JAN -2 PM 2:17

TALLAHASSEE, FLORIDA

2019 JAN -2 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** YELLOW BIRDS SPORTS ACADEMY, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CLEITON

(Contact Person)

DOMINIUM CONSULTING SERVICES

(Firm/Company)

6965 PIAZZA GRANDE AVE, ST 206

(Address)

ORLANDO, FL - 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

CAMILA

407

374-2329

at ( )

(Name of Contact Person)

(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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: YELLOW BIRDS SPORTS ACADEMY, LLC.
2. The Florida document/registration number assigned to this limited liability company is:  
L15000051732.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2019
4. I, ALEXANDRE BACCI, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MEMBER  
(Print Title)

of this limited liability company and affirm the limited liability company has been resigned by my  
resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FL

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