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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Fiber Consultant. (Name of Limited L	S しいて iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to:
A dam Zveker (Contact Person)	
(Firm/Company)	······································
10733 Maple (Have pr (Address)	
Buch Raron FC 334978 (City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Adam Zvelkes at ((Name of Contact Person)	56() 33(1326 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
CR2E079 (2/14)	
Note: I Sold Member I am No longer Associa	interest . Please Update



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 compar	ıy as it appear	s on the records	of the Florida l	Department
of State is:	Fiber consu	Itan's	LLC		
2. The Florida doc	ument/registration numb	er assigned to	this limited liab	oility company	is:
LISCE	0204270	<u>></u> .			
3. The date this me	mber/manager withdrew	v/resigned or v	will withdraw/re	sign is: Dec	312018
4. I, Adam (Print N	ZUCKET lame of Person Resigning)	, her	reby withdraw/re	esign as a	
AMER	(Print Title)	<u>m</u> ember	_		
resignation in wr	bility company and affirmiting.		liability compan	2818 SEP	ified of my
Signature of Di	sspciating Member or R	esigning Man	ager	13 PB	M
• -	\$25.00 (Required) \$30.00 (Optional)			TALE A	