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## COVER LETTER

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TO: Registration Section	
Division of Corporations	
Phoenix International Consulting Sc SUBJECT:	ervices, LLC
(Name of Li	mited Liability Company)
The enclosed member, resignation or dissor	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Anthony J Spence	
(Contact Person)	<del></del>
Phoenix International Consulting Services, LLC	
(Firm/Company)	<del>-</del>
18705 SW 25th Court	
(Address)	
Miramar, Florida 33029-2417	
(City/State and Zip Code)	<del></del>
For further information concerning this mat	tter, please call:
Anthony J Spence	954 205-4509 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:	Street Address:
Registration Section	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

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## 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:  Phoenix International Consulting Services, LLC
2. The Florida document/registration number assigned to this limited liability company is: L18000027465
3. The date this member/manager withdrew/resigned or will withdraw/resign is:  Thomas H Davis
4. I. (Print Name of Person Resigning) , hereby withdraw/resign as a
Authorized Member
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Disociating Member of Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: S30.00 (Optional)