

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000340453 3))



H20000340453ABC

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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  
FIBRAX TELECOM LLC**

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

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FIBRAX TELECOM 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 CARDOSO

\_\_\_\_\_  
(Contact Person)

DOMINIUM CONSULTING SERVICES

\_\_\_\_\_  
(Firm/Company)

6965 PIAZZA GRANDE AVE SUITE 26

\_\_\_\_\_  
(Address)

ORNALANDO, FL 35835

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

CLEITON CARDOSO

\_\_\_\_\_  
(Name of Contact Person)

407

374-2329

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  
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: FIBRAX TELECOM LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L19000041634

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/30/2020

4. I, ROBERTO MALDONADO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER  
*(Print Title)*

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

A handwritten signature in black ink, appearing to be "R. Maldonado".

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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