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G. MCLEOD

MAY 1 2 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: THE IT LINK, LLC	
(Name of Limited Liability	Company)
The enclosed member, managing member or manager r filing.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
GUSTAVO E. RINCON	
(Contact Person)	
THE IT LINK, LLC	
(Firm/Company)	
2183 ENSENADA TER	
(Address)	
WESTON, FL 33327	
(City/State and Zip Code)	
For further information concerning this matter, please c	ali:
GUSTAVO E. RINCON at (754	1 ₎ 245-2512
(Name of Contact Person) (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid	la Denartment of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it ap of State is: THE IT LINK, LLC	pears on the records of the Florida Department
2. This limited liability company was organized und FLORIDA	er the laws of:
3. The Florida document/registration number of this L07000117150	limited liability company is:
4. I, JUAN P GOMEZ	, hereby resign as a MGRM
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the liming resignation in writing. Signature of Resigning Member, Managing Member	DIVISION OF TARY -8
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	PM 1: 48