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J. BRYAN

NOV - 9 2011

EXAMINER

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: IT INTERIORS ,LLC	
	nited Liability Company)
The enclosed member, managing member of filing.	r manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Daniel Raymo	
(Contact Person)	
It Interiors , LLC	≥m =
(Firm/Company)	ORE T
3699 18th Ave North	NOV -8 PM 1: OF STATE OF AN ASSEE: FLORING
(Address)	TO PRINCE TO THE SEEL FLORE SEEL
Saint . Petersburg , Florida 337	13
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Daniel Raymo	_at (_727) 282-8070
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$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 32301	Tallahassee, Florida 32314



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 of State is: IT I	limited liability company as NTERIORS , LLC	it appears on the records o	f the Florida Department
2. This limited liab	ility company was organized orida	under the laws of:	
3. The Florida doc L1000003	ument/registration number of 7758	this limited liability compa	any is:
_{4. I,} Bruce Joh	nson	, hereby resign as a N	/IGRM
	ame of Person Resigning)	,	(Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company	has been notified of my
Signature of Res	gning Member, Managing M	ember or Manager	Žg 🚣
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILE [1 NOV -8 PM ECRETARY OF S LAHASSEE; FL