## · L110000055219

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SECRETARY OF STATE
ALLAHASSEE, FI ORIDA

D. BRUCE

NOV 0 2 2011

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: IT Inventures, LLC	
(Name of Limite	d Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Thomas Roland	
(Contact Person)	
IT Inventures, LLC	ALL ALL
(Firm/Company)	ARE I
998 Brightwater Circle	T NOV - 1 PM 4: 1 L CCRETARY OF STATE LAHASSEE, FLORID
(Address)	OF THE
Maitland, FL 32751	ORID
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Thomas Roland	407 489-1512
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	the Florida Department of State for: \$55 Filing Fee &
₩ ₩23 Timing Fee	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 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

	limited liability company as it ap	ppears on the records of the	ne Flori	da Dep	artme	nt
2. This limited liab	oility company was organized und	der the laws of:		SECRETA	11 NOV -	
3. The Florida doc L1100005	ument/registration number of this 5219	s limited liability company	y is:	RY OF STAT	PH 4: 1	LED
4. I, Isaac Bob	be    ame of Person Resigning)	_, hereby resign as a MG	RM	Title)	يسر	
	bility company and affirm the lin	nited liability company ha	•	,	lofm	у
Signature of Res	igning Member, Managing Member	ber or Manager				
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)					