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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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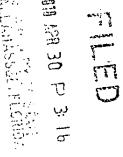


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COVER LETTER

TO: Registration Section Division of Corporations

1325 NW 98TH COURT, UN SUBJECT:	IT 7, LLC	
(Name of Limi	ted Liability C	Company)
The enclosed member, resignation or dissocia	tion and fee	e(s) are submitted for filing.
Please return all correspondence concerning t	his matter to	o:
Doner Garcia		,
(Contact Person)		
(Firm/Company)		
9240 SW 72nd Street, Unit 205		
(Address)		
Miami, Fl 33173		
(City/State and Zip Code)		
For further information concerning this matte	r, please cal	l:
Doner Garcia	786	752-9861
(Name of Contact Person)	at ((Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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)

132	limited liability company as 5 NW 98TH COURT, UNIT	it appears on the records of the 7, LLC	e Florida Department
1.1200008501	R	signed to this limited liability o	
3. The date this me Doner Garci 4. I.	ember/manager withdrew/resi a	igned or will withdraw/resign i	04/26/2018 s:
(Print N Manager	lame of Person Resigning)	, hereby withdraw/resign	وبي الم
of this limited lia resignation in w		e limited liability company has	been notified of my
Signature of D	issociating Member or Resign	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		