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J. Shivers MAR 2 0 2014

COVER LETTER *

TO:	Registration Section Division of Corporations				
SUBJE	FLITConsulting				
	(Name of Limited Li	ability Comp	pany)		
The en	closed member, resignation or dissociation	and fee(s)	are submitted for filing.		
Please	return all correspondence concerning this m	atter to:			
Fasal	Chaudhary				
	(Contact Person)				
FLITC	Consulting				
	(Firm/Company)				
6011	NW 44th ave				
	(Address)	•			
Cocor	nut Creek FL 33073				
	(City/State and Zip Code)				
For further information concerning this matter, please call:					
Fasal	Chaudhary Sat (954)	529-3116		
	(Name of Contact Person) (A	rea Code &	Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \frac{1}{2}\$ \frac{1}{5}\$ Filing Fee & Certified Copy					
Registr Division Clifton 2661 E	et/Courier address: ration Section on of Corporations Building Executive Center Circle assee, Florida 32301	! ! !	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (2/14)



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	s it appears on the records of the Florida Depa	artment
of State is: FLIT	Consulting		·
2. The Florida docu L1400003968	•	assigned to this limited liability company is:	
3. The date this mer	mber/manager withdrew/res	signed or will withdraw/resign is:3/10/2014	
4. I, Maryum Chau	udhary	, hereby withdraw/resign as a	
CFO		ر مینه	
of this limited liab	- · ·	he limited liability company has been notified	
resignation in wri	esociating Member or Resignation		19 20 20 20
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		