

U14000058951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

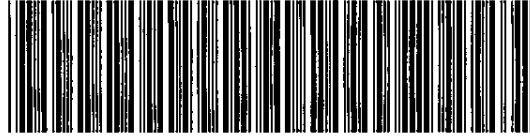
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900268416029

900268416029  
01/16/15--01027--003 \*\*DUPLICATE

55.00

15 JAN 16 PM 4: 29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

JAN 21 2015  
11:21:58  
M/M

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ITernative LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Pavel Vakh

(Contact Person)

ITernative LLC

(Firm/Company)

1453 Travertine Ter

(Address)

Sanford, FL 32771

(City/State and Zip Code)

For further information concerning this matter, please call:

Pavel Vakh

at ( 407 ) 4169424

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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 it appears on the records of the Florida Department of State is: ITernative LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000058951

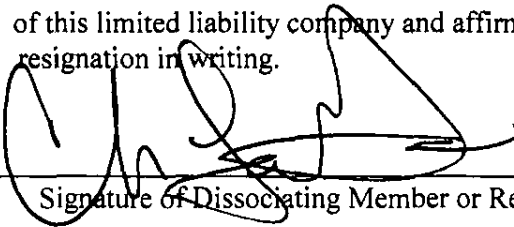
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/30/2014

4. I, Christopher LaGreca, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Managing Partner

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

RECEIVED  
AND  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JAN 16 PM 4:29

**Withdrawal of Officer, Managing Member or Manager from a LLC**

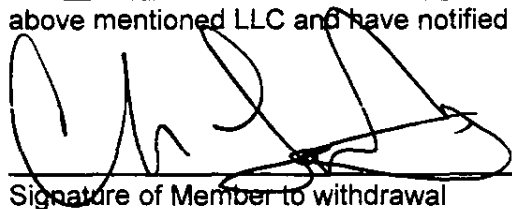
Date: 12/30/2014

1. The name of the limited liability company as it appears on the record books:

ITernative LLC

2. The above listed LLC was organized under the laws of the following state: FL

3. I, Christopher LaGreca, hereby withdrawal as a member of the above mentioned LLC and have notified the LLC in writing of my withdrawal.

A handwritten signature in black ink, appearing to read 'Christopher LaGreca', is written over a horizontal line.

Signature of Member to withdrawal