## 120000372649

(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:		





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2022 JUL 15 AH 9: 37

## COVER LETTER .

TO: Registration Section Division of Corporations	
ITC AMERICA LLC SUBJECT:	
(Name of Limited Liabili	ty Company)
The enclosed member, resignation or dissociation and	I fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to:
DIEGO MARTIN COSENTINO	
(Contact Person)	
ITC AMERICA LLC	202
(Firm/Company)	
533 NE 3RD AVE APT 127	2022 JUL 15 AI
(Address)	) Sign : <b>11</b>
FORT LAUDERDALE, FL 33301	AH 9:37
(City/State and Zip Code)	7
For further information concerning this matter, please	e call:
DIEGO MARTIN CONSENTINO 754	257-0393
	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo  ■ \$25 Filing Fee	rida Department of State for: Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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)

	e limited liability company a AMERICA LLC	is it appears on the records of the Florida Department
		assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/re	esigned or will withdraw/resign is:
+. 1	Name of Person Resigning)	, hereby withdraw/resign as a
AMBR		
	(Print Title)	2022
		the limited liability company has been notified of the limited liability company has been notified liability.
Signature of D	issociating Member or Resi	igning Manager
iling Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

Filing Fee: Certified Copy: