

L22000128764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

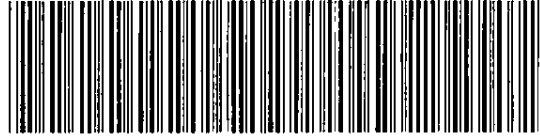
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



000409728120

05/31/23--01034--014 \*\*25.00

FILED  
2023 MAY 31 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ITSJAX, 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:

Anthony Ilano

(Contact Person)

(Firm/Company)

1658 LOWER 4TH aVENUE NORTH

(Address)

JACKSONVILLE FLORIDA 32250

(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY ILANO

at ( 904 ) 626-5743

(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

**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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ITSJAX, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000128764

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/31/2023

4. I, ANTHONY ILANO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MEMBER  
*(Print Title)*

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

  
Signature of Dissociating Member or Resigning Manager

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

**FILED**  
**2023 MAY 31 PM 2:15**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA