L23000015214

(Requestor's Name)
(Address)
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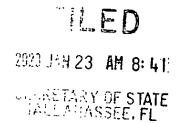
COVER LETTER

Division of Corporations		
IT Corp Intl LLC SUBJECT:		
(Name of Limi	ted Liability (Company)
The enclosed member, resignation or dissocia	ation and fe	e(s) are submitted for filing.
Please return all correspondence concerning t	this matter t	o:
Enrique Nowogrodzki		
(Contact Person)		
CPA Services Com Corp		
· (Firm/Company)		_
18501 Pines Bvd - 207		•
(Address)		_
P Pines, FL 33029		
(City/State and Zip Code)		
For further information concerning this matter	r, please cal	ll:
Enrique Nowogrodzki	954 at (261 2413
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable to		
S25 Filing Fee	□ S55 Fili	ing Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
Tallahassec, FL 32314		2415 N. Monroe Street, Suite 810
· #////////////////////////////////////		Tallahassee, FL 32303

CR2E079 (2/14)

TO: Registration Section





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 a	ppears on the records of the Florida Department
of State is: IT CORP IN	TERNATIONAL LLC
2. The Florida document/registration number assign	ned to this limited liability company is:
L23000015214	_•
3. The date this member/manager withdrew/resigne	d or will withdraw/resign is:
4. I, GOMEZ REYES, WILBER (Print Name of Person Resigning)	_, hereby withdraw/resign as a
(Print Name of Person Resigning)	
Manager	
(Print Title)	
of this limited liability company and affirm the lir resignation in writing.	SIGNIFIES (SIGNIFIES)
Signature of Dissociating Member or Resigning	, Manager
Filing Fee: S25.00 (Required)	
Certified Copy: \$30.00 (Optional)	