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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ITMCS - IT Managen				
(Name	of Foreign Limited Liability	Company)		
Dear Sir or Madam:				
The enclosed withdrawal and fee(s) are s	ubmitted for filing.			
Please return all correspondence concerni	ng this matter to the following	ıg:		
Jeffrey Harrington, Esq.		-		
(Name of Person	n)			
Harrington Law Associates, PL	LC			
(Firm/Company)	_		
224 Datura Street, Suite 510		_	200 TAL	
(Address)		_	LAN.	****
West Palm Beach, FL 33401			2009 DEC 29 SEUNE JARY FALLAHASSEI	
(City/State and	Zip Code)	_		
For further information concerning this m	natter, please call:		PH 1: 40 OF STATE FLORIDA	FILED
Jeffrey Harrington	_{at (} 561	253-6690		
(Name of Person)	 	& Daytime Telephone Number)		
STREET/COURIER ADDREST Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divis P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following an	nount:			
\$25 Filing Fee San Filing Fee Certificate of S		\$60 Filing Fee, Certificate of Status & Certified Copy		

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

ITMCS - IT Management Consulting & Services, LLC			
(Name of limited liability company)			
State of Nevada			
(Jurisdiction of its organization)			
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.			
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.			
2733 Arbor Avenue			
(Mailing address)			
Cincinnati, OH 45209			
(City/State/Zip) The limited liability company agrees to notify the Department of State in the future of The Change in its mailing address. (Signature of member or authorized representative of a member)			
CCHIECHTER CERNO			

Filing Fee: \$25.00

(Typed or printed name of signee)