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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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18 MAR 20 PM 2 25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN  
MAR 21 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 365 IT Consulting 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:

Karel Diaz  
(Contact Person)

365 IT Consulting LLC  
(Firm/Company)

185 NW 13th Ave #139  
(Address)

Miami, FL 33125  
(City/State and Zip Code)

For further information concerning this matter, please call:

Karel Diaz at ( 786 ) 357-7521  
(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: 365 IT Consulting LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000058782

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2017

4. I, Ariel Cambas, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager  
*(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  
18 MAR 20 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF WITHDRAWAL FROM PARTNERSHIP**

To: Partners of 365 IT Consulting LLC

I, Ariel Cambas, currently residing at 420 East 1<sup>st</sup> Ave #B102, Hialeah, FL 33010 United States, have decided to voluntarily withdraw from the Partnership (365 IT Consulting LLC). The date of withdrawal will be on the 31<sup>st</sup> of December, 2017. As of this date I renounce to all profits and responsibilities attached to 365 IT Consulting LLC.

With this document, Ariel Cambas (the Withdrawing Partner) gives AS OF TODAY notice of withdrawal in writing to the other partners.

Ariel Cambas

Print Name

Ariel Cambas

Signature

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18 MAR 20 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA