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Res mbylec 10, 1,30,15

COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	365 IT Consulting LLC			
	(Name of Limited Liability Company)			
The enclosed	I member, resignation or dissocia	ation and fee(s	s) are submitted for filing.	
Please return	all correspondence concerning t	his matter to:		
Karel Diaz				
	(Contact Person)		_	
365 IT Con	sulting LLC			
	(Firm/Company)		_	
185 NW 13	th Ave, #139			
	(Address)			
Miami, FL 3	33125			
	(City/State and Zip Code)	<u> </u>		
For further in	nformation concerning this matte	r, please call:		
Karel Diaz		786	357-7521	
(N	ame 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				
	OURIER ADDRESS:		MAILING ADDRESS:	
Registration Division of C			Registration Section Division of Corporations	
Clifton Build	ling		P.O. Box 6327	
	ive Center Circle Florida 32301		Tallahassee, Florida 32314	

CR2E079 (2/14)







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as it appears	on the records of the Florida Department
of State is: 365	IT Consulting LLC	.
2. The Florida doci	nument/registration number assigned to	this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or w	ill withdraw/resign is:
4. I, Yandy Avila	, here	
(Print N	Name of Person Resigning)	
Manager		
	(Print Title)	
of this limited lia resignation in wr	• •	iability company has been notified of my
<u> </u>	MAN)	
Signature of Di	issociating Member or Resigning Mana	ger
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	