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(Requestor's Name)
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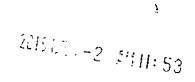
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TO: Registration Section Division of Corporations		
VDN TECHNOLOGY SOLU		
(Name of Lin	iited Liability Co	ompany)
The enclosed member, resignation or dissoci	iation and fee	(s) are submitted for filing.
Please return all correspondence concerning	this matter to	:
VLADIMIR BEAUJOUR		
(Contact Person)		
(Firm/Company)		_
230 NW 109TH AVE 3-111		
(Address)		_
MIAMI, FL 33172		
(City/State and Zip Code)		_
For further information concerning this matt	er, please cal	1:
VLADIMIR BEAUJOUR	95 4 at (607-0768
(Name of Contact Person)	_ \	le & Daytime Telephone Number)
Enclosed please find a check made payable a \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301





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)

	limited liability company as TECHNOLOGY SOLUTI	it appears on the records of the Florida Department ONS, LLC
2. The Florida docu L190000745	_	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: 9/10/2019
J DARIO R, SA		hereby withdraw/resign as a
AR		
of this limited liab resignation in wr		ne limited liability company has been notified of my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	