

L23 000015378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

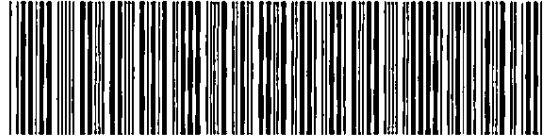
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/06/24--01025--021 **25.00

2024 FEB -6 PM 4:06
02/06/24 10:25 AM
02/06/24 10:25 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 369 TECHNOLOGY 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:

FULVIO E. TANCREDI

(Contact Person)

369 TECHNOLOGY LLC

(Firm/Company)

8219 SW 107TH AVE APT A

(Address)

MIAMI, FL 33173

(City/State and Zip Code)

For further information concerning this matter, please call:

FULVIO E. TANCREDI

at (786) 790-3520

(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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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)

2024 FEB -6 PM 4:06
STATE OF FLORIDA
DIVISION OF CORPORATIONS

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 369 TECHNOLOGY LLC

2. The Florida document/registration number assigned to this limited liability company is:
L23000015378

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/24/2023

4. I, CARLOS C. PEREZ, hereby withdraw/resign as a
(Print Name of Person Resigning)

CEO

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

Carlos C. Perez
2238 NW 4th Street
Miami, FL. 33125
Cel: (202) 431-3272

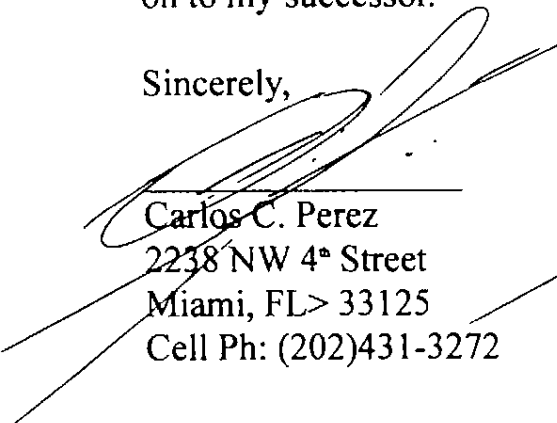
Dear 369 Technology LLC c/o Fulvio E. Tancredi,

I would like to inform you that I am resigning from my position as CEO for 369 Technology LLC., This resignation is effective as of August 24th, 2023.

I wish to express my appreciation for the support I have received as well as the opportunities I have enjoyed during this time I have worked for 369 Technology LLC

In order to make the transition as seamless as possible, I am available to provide any assistance in passing my responsibilities on to my successor.

Sincerely,


Carlos C. Perez
2238 NW 4th Street
Miami, FL > 33125
Cell Ph: (202)431-3272

State of Indiana
County of Elkhart

I, Anne M. Batie, a Notary Public, hereby certify that Carlos Perez Flores (Name of Signer), whose name is signed to the foregoing instrument or conveyance, and who is known to me, acknowledged before me on this day that, being informed of the contents of the conveyance, he/she/they executed the same voluntarily on the day the same bears date.

Given under my hand this the 6th day of October, 2023.


Signature of Notary Public

notary
Title and Rank

(Seal, if any)

ANNE M. BATIE
Notary Public - Seal
Elkhart County - State of Indiana
Commission Number NP0664307
My Commission Expires Feb 19, 2031