

(Req	uestor's Name)				
(Add	(Address)				
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Special Instructions to Filing Officer.					
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06/28/24--01007--013 **25.**0**0

COVER LETTER

TO: Registration Section					
Division of Corporations					
SUBJECT: A3 Technology. LLC					
(Name of	Limited Liability (Company)			
The enclosed member, resignation or diss	sociation and fe	e(s) are submitted for	filing.		
Please return all correspondence concerni	ing this matter t	o:			
Joseph G. Charles					
(Contact Person)					
A3 Technology. LLC				ل 2024	* *:95
(Firm/Company)				至	7 () 1 ()
3892 Marbella Way	,		Ċ.	2024 JUH 28 PH 1:5	1
(Address)			-	<u> </u>	
Davenport, FL 33897				53	
(City/State and Zip Code)					
For further information concerning this m	natter, please ca	11:			
Joseph G. Charles	561 at (251-8226			
(Name of Contact Person)		de & Daytime Telephor	ne Number)		
Enclosed please find a check made payab ☐ \$25 Filing Fee		a Department of State ing Fee & Certified C			
Mailing Address:		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			ì
P.O. Box 6327 The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee. FL 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)

	limited liability company a		s of the Florida Department
2. The Florida docu LS24000030067	ument/registration number	assigned to this limited lia	ability company is:
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/r	esign is:
Porcenel Josephi	-		
(Print A MGR	ame of Person Resigning)		
	(Print Title)		
of this limited lia resignation in wr	- ·	the limited liability compa	any has been notified of my
<u> </u>			2024 JUN 28
Signature of S	ssociating Member or Re-	gning Manager	W 28
~	\$25.00 (Required) \$30.00 (Optional)		