## M18 000004705

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



600441378206

024 DEC 26 PH 1: 2:

2924 DEC 26 /H 9: 24





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/23/2024	
	Cheyanne Davis	_
Reference #	2594459	_
Entity Name	VCORE TECHNO	OGY PARTNERS LLC
☐ Article	es of Incorporation/Authorization	to Transact Business
Amer	ndment	
☐ Chan	ge of Agent	
☐ Reins	statement	
Conv	ersion	
☐ Merg	er	
✓ Disso	elution/Withdrawal	
☐ Fictiti	ous Name	
Other		
Authorized A	Amount: \$25.00	
Signature: _	Uryma Paine	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(Name of limited liability company)			
California	SEC. TAL	2024 DEC	
(Jurisdiction of its organization)	); );	EC	9
5/16/2018	П: 	26	714541
(Date registered with Florida Department of State)	3S L	P	9 1
M18000004705	ST/	PH 1: 2	
(Florida Document Number)	E E	2	
(If an effective date is listed, the date must be specific and cannot be prior to more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory this date will not be listed as the document's effective date on the Department.	filing req	uirem	ents,
and the bepartmen			
/s/ Mark Killian  (Signature of authorized representative)			

Filing Fee: \$25.00