

L12600007875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

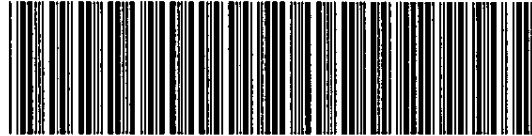
(Business Entity Name)

(Document Number)

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J. STIVERS

J. Stivers FEB 18 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2014

VERONICA AGUILAR
5055 COLLINS AVE 3G
MIAMI BEACH, FL 33140

SUBJECT: AGUILA ASSET MANAGEMENT LLC
Ref. Number: L12000007879

We have received your document for AGUILA ASSET MANAGEMENT LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 114A00024660

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AGUILA ASSET MANAGEMENT. L.L.C.
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Veronica Aguilar
Contact Person

Aguila Asset Management
Firm/Company

5055 Collins Ave 3G
Address

Miami Beach FL 33140
City, State and Zip Code

veronica@iafirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Veronica Aguilar at (305) 316-4470
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☒ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 13, 2015

Veronica Aguilar

Signature of a member or authorized representative of a member

Veronica AGUILAR

Typed or printed name of signee

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Filing Fee: \$25.00

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