

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : MARTI CANCIO JOHNSON P.A.
Account Number : 120160000073
Phone : (305)267-6329
Fax Number : (305)470-7453

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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CLERK OF STATE
TALLAHASSEE, FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AQUILA OXFORD USA LLC

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2022 Dec 13 PM 12:02
C. BRUMBLEY
12/14/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AQUILA OXFORD USA 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:

MILENA MITRAUD

(Contact Person)

MARILI CANCIO JOHNSON LLC

(Firm/Company)

150 SE 2ND AVENUE SUITE 1408

(Address)

MIAMI/ FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

MILENA MITRAUD

786

502-2332

at ()

(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)

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

2. The Florida document/registration number assigned to this limited liability company is:
L22000143348

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/12/2022

4. I, Lucas Silva Lima, hereby withdraw/resign as a
(Print Name of Person Resigning)

Authorized Person

(Print Title)

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

Lucas Silva Lima
Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FL