106000076361

. (Re	equestor's Name)	
· (Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nar	ne)
(Do	ocument Number)	1
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2015 DEC 28 PM 5: 22

DEC 30 2015

COVER LETTER

Division of Corporations
SUBJECT: RIXBURY CAPITAL MARKETS, LUC (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:
Ryan JOHNSTON (Contact Person)
(Firm/Company)
2435 SE 18th CIRCLE
OCALA, FL 34471 (City/State and Zip Code)
For further information concerning this matter, please call:
Ryan Johnston at (352) 446-5578 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\int \\$25 \text{Filing Fee. & Certified Copy}\$

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 **MAILING ADDRESS:**

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

CR2E079 (2/14)







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:	OXBURY CAPITAL MARKETS, LIC
2. The Florida docu	ament/registration number assigned to this limited liability company is:
	70076361
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 12/14/15
4. l, <i>(Phint N</i>	AN JOHNSTON, hereby withdraw/resign as a ame of Person Resigning)
	Y TREASURER (Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
(F)	D-8
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)