

15000092468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

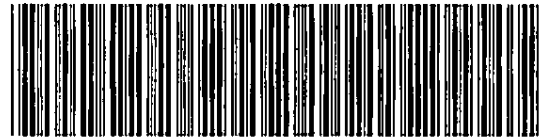
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CC  
Resignation

2018  
TALLAHASSEE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: US Oxygen Sales, 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:

Christopher T. Cason  
(Contact Person)

US Oxygen Sales  
(Firm/Company)

23329 SW 61<sup>st</sup> Ave # D  
(Address)

Boca Raton, FL 33428  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher T. Cason at (754) 245-2383  
(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

**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



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: US Oxygen Sales, LLC

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

L15000092468

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/12/19

4. I, Christopher T. Casar, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR  
(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF WITHDRAWAL FROM PARTNERSHIP**

To: Partners of Craig M Otto (the "Remaining Partners")

From: Christopher T Cason

Christopher T Cason (the "Withdrawing Partner") of 23329 SW 61st Avenue Unit D, Boca Raton, FL 33428 is a partner in the partnership of US Oxygen Sales LLC (the "Partnership") established on the 1st day of May, 2015 for the purpose of running an online retail store selling medical equipment and formed in accordance with a partnership agreement (the "Partnership Agreement").

The Withdrawing Partner desires to voluntarily withdraw from the Partnership. The date of the withdrawal will be the 12th day of November, 2019.

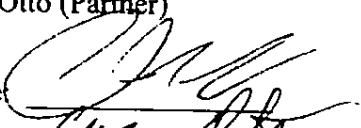
With this document, the Withdrawing Partner gives immediate notice of withdrawal in writing to the Remaining Partner (Craig M Otto).

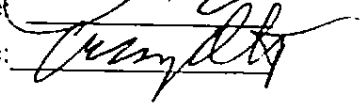
The Partnership Agreement is governed by the laws of the State of Florida and provides that the exclusive jurisdiction for the enforcement of this matter is with the courts of the State of Florida.

This document may be executed in multiple counterparts, each of which when executed and delivered shall be deemed to be an original. For purposes of this document facsimile and PDF signatures shall be deemed originals.

Christopher T Cason (Withdrawing Partner)

Craig M Otto (Partner)

Signature: 

Signature: 

Date: 11/12/19

Date: 11/14/19