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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARILI CANCIO JOHNSON P.A.

Account Number : I20160000073 Phone : (305)967-6329 : (305)470-7453 Fay Number

**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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Tallahassee, FL 32303

COVER LETTER

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	ision of Corporations				
SUBJECT	AQUILA OXFORD USA LLC				
	: AQUILA OXFORD USA LLC (Nume of	Limited Liability C	Соптралу)		
	ed member, resignation or dis				
Please retur	n all correspondence concern	ing this matter t	o:		
MILENA MI					
~~~	(Contact Person)		- P-Militages		
MARILI CA	NCIO JOHNSON LLC				
	(Firm/Company)		<del></del>		
150 SE 2ND	AVENUE SUITE 1408				
	(Address)		<del></del>		
MIAMI/ FL 3					
	(City/State and Zip Code)		<del>_</del>		
For further i	information concerning this m	atter, please cal	1:		
MILENA MIT	TRAUD	786	6834363		
(î	Same of Contact Person)	(Area Coo	6834363 ) de & Daytime Telephone Number)		
Enclosed ple	ease find a check made payab	le to the Florida	Department of State for:		
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ratia	hassee, FL 32314		2415 N. Monroe Street, Suite 810		

CR2E079 (2/14)



## 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)

	ument/registration number assi	igned to this limited liability con	mpany is:
3. The date this m	ember/manager withdrew/resig	med or will withdraw/resign is:	12/12/2022
4. I. Aquila Company (Print) Authorized Mem	• •	, hereby withdraw/resign as	a
	(Print Title)		
resignation in wi		limited liability company has be	een notified of my
	\$25.00 (Required) \$36.00 (Optional)		ILED 13 MIII: 32 PY OF STATE