m/80000601

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Orly) State 21pt Hollowy
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
(Bocament Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
: 55000
J DENNIS
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FILED SECRETARY OF STATE

COVER LETTER

Division of O			
SUBJECT:	AGUIA (Name of For	R LLC eigh Limited Liability	Сотрапу)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitte	d for filing.	
Please return all corre	spondence concerning this	matter to the followin	g:
OSCA.	R AGULF (Name of Person)	R	_
AGU	LAR LLL (Firm/Company)	·	-
400 LAK	EWOVO CTRCU	E FAIT U	Nty E
MARGA	K FL 33 (City/State and Zip Cod	063	_
For further information	on concerning this matter, p	lease call:	
OSCAR A	G U TAR me of Person)	at (<u>954</u> (Area Code &	S58 - 2/88 & Daytime Telephone Number)
P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
S25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AGUIAR, LLC (Name of limited liability company)	
(Name of limited liability company)	
DELAWARE	
(Jurisdiction of its organization)	
DE LAWARE (Jurisdiction of its organization) July 23 20/8 (Date registered with Florida Department of State)	
(Florida Document Number)	
(Florida/Document/Number)	
This limited liability company is withdrawing its certificate of authority in this state. Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of more than 90 days after filing.)	(optional)
Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document seffective date on the Department of St	requirements, ate's records.
(Signature of authorized representative)	
(Typed or printed name of signee)	
(Typed or printed name of signee)	

Filing Fee: \$25.00