01000014508

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certification	ates of Status	
Special Instructions to Filing Officer:		

Office Use Only

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SECRETARY OF STATE
LORIDA

T. CLINE
AUG 1 3 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: OUR VILLAGE AUTO SALES LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted for Please return all correspondence concerning this matter to: RICHARD LOWE (Contact Person) (Firm/Company) 1557 NW 114th AVE (Address) PLANTATION, FL 33323 (City/State and Zip Code) For further information concerning this matter, please call: at (954) 474-4100 (Area Code & Daytime Telephone Number) RICHARD LOWE (Name of Contact Person) 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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it ap of State is: OUR VILLAGE AUTO S	
2. This limited liability company was organized und FLORIDA	er the laws of:
3. The Florida document/registration number of this L07000074508	limited liability company is:
4. I, STACY LOWE	, hereby resign as a MGR, MBR
(Print Name of Person Resigning) of this limited liability company and affirm the lim resignation in writing.	ited liability company has been notified of my
Signature of Resigning Member, Managing Memb	er or Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)