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SCURETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: Cox & Villa Agency LLC (Name of Limited Liability Company) The enclosed member, managing member or manager resignation and fee(s) are submitted f filing. Please return all correspondence concerning this matter to: Jessica Villa (Contact Person) (Firm/Company) 1918 Derby Trail (Address) Wellington, FL 33414 (City/State and Zip Code) For further information concerning this matter, please call: at (___561) 800-9698 Jessica Villa (Area Code & Daytime Telephone Number) (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: **MAILING ADDRESS: Registration Section** Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it & Villa Agency LLC	appears on the records of	the Florida Depa	20 ent
2. This limited liab	oility company was organized u	under the laws of:	ARY OF STAGE ASSEE, FLORIGA	-5 G
	ument/registration number of the NOOOS8122	•	ny is:	
4. I, Jessica Vil	la Name of Person Resigning)	, hereby resign as a	MGR (Print Title)	.
resignation in wi	bility company and affirm the liting. Liting. igning Member, Managing Member, Member, Managing Member, Member, Managing Member,		nas been notified	of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			