L160000014605

(R	equestor's Name)	
(A	ddress)	
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COVER LETTER

TO: Registration Section Division of Corporations

VC DEALERSHIP DESIG	ON GROUP LLO	0	
SUBJECT:			
(Name of I	imited Liability Co	mpany)	
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.	
Please return all correspondence concernir	ng this matter to:		
BRENNO CAVINATO			
(Contact Person)		_	
VC DEALERSHIP DESIGN GROUP I	LLC		
(Firm/Company)		_	
4706 SEELEY STREET			
(Address)		_	
KISSIMMEE, FLORIDA 34758			
(City/State and Zip Code)	·	_	
For further information concerning this ma	atter, please call:		
RENAN RUPIRES	407	4321506	
	at (_)	
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payabl			
■ \$25 Filing Fee	□ \$55 Film	g 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 (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)

VC	DEALERSHIP DESIGN		e i fortda tzepartin	
2. The Florida doc L16000014	•	assigned to this limited liability	company is:	
		 ·	06/15/2019	
3. The date this me RENAN RU		signed or will withdraw resign	is:	_
1 . <u>1</u> .		hereby withdraw/resign	as a	
(Print N SHAREHOL	lame of Person Resignings			
	(Print Tale)			
of this limited lia resignation in wr		he limited liability company ha	S	n
Filing Fee:	issociating Member or Resignation (Required) \$30,00 (Optional)	gning Manager	TILED 19 JUN 27 AM SI 1 SEURE JAN OF STAT	7