## L04000022744

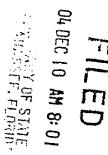
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Help You Need Parking Service, L.L.C.  (Name of Limited Liability Company)
DOCUMENT NUMBER: L04000022744
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Georgina Martinez
(Name of Person)
The Help You Need Parking Service, L.L.C.
(Name of Firm/Company)
2315 PEPPERCORN ST
(Address)
KISSIMMEE FL 34741
(City/State and Zip Code)
For further information concerning this matter, please call:
Georgina Martinez at (407) 518-1872  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85,00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limite liability company.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

INHS17(11/02)

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416(2) or 608.509	, Florida Statutes, the undersigne	d,
Rosa Perez		, hereby resigns as	
	(Name of Registered Agent)	, 122,00, 130,800 00	
Registered Agent for	The Help You Need Parking	Service, L.L.C.	
	(Name of Limited Liability C	ompany)	<del></del>
L04000022744			
(Document Nu	umber, if known)		
A copy of this resigna	tion was mailed to the above listed li	mited liability company at its last	known address.
The agency is termina	ted and the office discontinued on th	e 31st day after the date on which	S
	(Signature of Resigni	ng Agent)	F. Atting
If signing on behalf of an entity:			
	Rosa Perez		
	(Typed or Printed	Name)	F.S. E. D.
	Registered Agent		ORALI ORALI
	(Capacity)		

\$85.00 Active limited liability company
\$25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314