## L04000055642

(Requestor's Name)				
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	<del>;</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Ru	siness Entity Nan	ne)		
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Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
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SECRILIANY C. STATE
AND ANASSEE, FLORIDA

N. 056 FEB 1 2 2007

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: HELP IS HERE, LLC (Name of Limited)	l Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	is matter to:
PATRICIA E. GORDON	
(Contact Person)	
(Firm/Company)	<del></del>
3521 Village Blvd., #306	<b>-</b>
West Palm Beach, FL 33409 (City/State and Zip Code)	
For further information concerning this matter,	please call:
DARIENE HUDSON a (Name of Contact Person)	t (56) 842-5662 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t  \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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 a DIS HERE, LLC	s it appears on the records of t	he Florida Department
2. This limited liabi	lity company was organize	ed under the laws of:	<del>-</del>
3. The Florida docu <u>L040005</u>		of this limited liability compan	y is:
4. I, PATRICIA E	L. (JORJON ame of Person Resigning)	, hereby resign as a MA	JAGING PATNER (Print Title)
of this limited liab resignation in wri		he limited liability company h	as been notified of my
Patricia E. Al	ndin		
	gning Member, Managing	Member or Manager	FIL 07 FEB -9 SECRE 1,34 JALLAHASS
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PM 2: 44 : 6 - STATE :EE, FLORID