# Loboo049575

(Re	questor's Name)	
(Ad	dress)	<del></del>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	JN.
Resign		
LICENOL	Office Use On	lv



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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Human Directionals Inc. (EIN # 57-123 6299
Dear Sir or Madam:
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this matter to the following:
Dominique Huyghres Despointes (Name of Person)
Local guy Realty (Firm/Company)
1715 Vende DR (Address)
Clen, water FL 33 765 (City/State and Zip Code)
For further information concerning this matter, please call:
Dominique Huyghaes Despointes at (727) 501-4799  (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$CR2E079 (8/05)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

### RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Dominique Huyghues Despointes, hereby resign as Managing Memb	4/
of toman Directionals the (EIN#57-1236299), (Limited Liability Company)	
a limited liability company organized under the laws of the State of Flox AA,	
and affirm that the limited liability company has been notified in writing of the resignation.	

(Signature of resigning manager, managing member or member)

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SEURETARY OF STATI
ALLAHASSEF, FIORII

#### FILING FEE IS \$25.00

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