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EXAMINER



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08/22/11--01025--022 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Here 2 Assist UC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.
Please return all correspondence concerning this matter to:
Juan Ortegar (Contact Person)
Here 2 Assist UC (Firm/Company)
(Firm/Company)
4245 SW 139 CT
(Address)
Mani FL 33175 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Enercia OR Lega at (786) 353 - 3490 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limit					e Florida Department
of State is:	Here	2 As	5151 1	<u>ll</u>	
2. This limited liability		organized und	ler the laws o	f:	SECREDIF CONTROL OF 17 AUG 22 M 9: 17
3. The Florida document	nt/registration	number of this	limited liabi	lity company	ris:
4. I, Nan Cy (Print Name o	TOGO of Person Kasigni	ng)	, hereby resi	gn as a	MGRM (Print Title)
of this limited liability resignation in writing.		affirm the lim	nited liability	company has	s been notified of my
	_ / Y	(a)			•
Signature of Resigning	g Member, Ma	daging Memb	per or Manage	er	
-	25,00 (Require 30.00 (Options	•			