

(Requestor's Name)					
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(City/State/Zip/Phone #)					
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PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	<u>a)</u>			
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(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
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Special Instructions to	Filing Officer:				
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SECRETARY OF STATE
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3. MCLEOD Only

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Consumer Help Group, LLC (Name of Limited Liability Company)				
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Vectle Guitar (Contact Person)				
Consumer Help Group, LLC (Firm/Company)				
(Address) Hwy #101				
Boca Raton FL 33487 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Veerle Guitar at (888) 647-6191 (Name of Contact Person) (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: 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 (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 as		-
2. This limited liabi	lity company was organized	under the laws of:	
3. The Florida docu	ment/registration number of	this limited liability comp	pany is:
of this limited liab resignation in wri	Bates Time of Person Resigning) Fility company and affirm the ting. Company and affirm the ting.	e limited liability company	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		10 DEC SLOKE TALLAH

CR2E079 (5/06)