L11000120736

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	



500235971445

06/08/12--01005--001 **25.00



Office Use Only

B. KOHR
JUN 1 1 2012
EXAMINER



COVER LETTER

Division of Corporations	
SUBJECT: ICAN HELP LLC (Name of Limited Liability)	tv Company)
(Name of Emilied Liability	ty Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted f
Please return all correspondence concerning this matter	er to:
Dino Delgado	
(Contact Person)	
I CAN HELP LLC.	
(Firm/Company)	
315 sw 10 Street	
(Address)	
Fort Lauderdale, Fl. 33315	
(City/State and Zip Code)	
For further information concerning this matter, please	call:
Dino Delgado at (78	36 ₎ 546-6448
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor	rida Department of State for: \$55 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

