## L11000133313

| (Requestor's Name)                      |                   |             |  |  |
|---|-------------------|-------------|--|--|
| (Address)                               |                   |             |  |  |
| (Address)                               |                   |             |  |  |
| (Cit                                    | ty/State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Business Entity Name)                  |                   |             |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | Certificate       | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
|   |                   |             |  |  |
|   |                   |             |  |  |
|   |                   |             |  |  |

Office Use Only



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SECRETARY OF STATE

J. BRYAN

AUG 1 4 2012

**EXAMINER** 

## **COVER LETTER**

| Division of Corporations  |  |  |
|---|--|--|
| SUBJECT: AMERICAN HELP CENTER (Name of Limited Lia                  |  |  |
| The enclosed member, managing member or managiling.                 | ger resignation and fee(s) are submitted for   |  |
| Please return all correspondence concerning this m                  | atter to:  |  |
| GENIA FROMM   |  |  |
| (Contact Person)  |  |  |
| AMERICAN HELP CENTER, LLC   | TAGE TO THE TAGE T |  |
| (Firm/Company)  |  |  |
| 2700 W ATLANTIC BLVD STE 201  | E 13 PR  |  |
| (Address)   |  |  |
| POMPANO BEACH, FL 33069   | TALLEMASSEE, PLOARE  |  |
| (City/State and Zip Code)   |  |  |
| For further information concerning this matter, plea                | ase call:  |  |
| GENIA FROMM at (  | 818 339-5283   |  |
| (Name of Contact Person) (As  | rea Code & Daytime Telephone Number)   |  |
| Enclosed please find a check made payable to the F  \$25 Filing Fee | Florida Department of State for:  \$55 Filing Fee & Certified Copy   |  |
| STREET/COURIER ADDRESS:   | MAILING ADDRESS:   |  |
| Registration Section  | Registration Section   |  |
| Division of Corporations Clifton Building                           | Division of Corporations<br>P.O. Box 6327  |  |
| Cilitar Danding   | 1.0. DOX 0327  |  |

Tallahassee, Florida 32314

2661 Executive Center Circle

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 as ERICAN HELP CEN                          |                              | s of the Florida Department |
|---|---|------------------------------|-----------------------------|
| 2. This limited liab                    | ility company was organized   | I under the laws of:         |                             |
| 3. The Florida doc<br><u>L1100013</u> ; | ument/registration number of  | f this limited liability con | mpany is:                   |
| 4. I, ROSE M I                          | MOUSSA  | , hereby resign as a         | MGRM                        |
| (Print N                                | lame of Person Resigning)   |                              | (Print Title)               |
| resignation in wr                       |   |                              |                             |
| Filing Fee:                             | ignibg Member, Managing N<br>\$25.00 (Required)<br>\$30.00 (Optional) | dember or Manager            | MALLANASSEE. F              |
|   |   |                              | PH 2:4                      |