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STATE OF MISSISSIPPI  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Consumer Assistance Associates LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

William Hasseberg

(Contact Person)

Consumer Assistance Associates LLC

(Firm/Company)

20500 W. Country Club Dr. #110

(Address)

Aventura FL. 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Bill Hasseberg

(Name of Contact Person)

at ( 954 ) 609-7145

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$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

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS


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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Consumer Assistance Associates LLC

2. The Florida document/registration number of this limited liability company is:  
L13000111985

3. The date this member withdrew or will withdraw is: 11-30-13

4. I, Stephen Ray Reynolds Jr., hereby resign as a MGRM  
*(Print Name of Person Resigning)* *(Print Title)*  
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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