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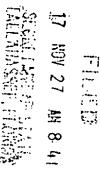
(Re	questor's Name)		
DA)	dress)		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: GUIDING LIGHT HOL	DINGS, LLC
Name of Limited Liability	• •
DOCUMENT NUMBER: L0600002867	<u>'2</u>
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Kaitie Sperry	
Name of Person	
Corporate Direct, Inc.	
Name of Firm/Company	•
2248 Meridian Blvd., Ste H	
Address	
Minden, NV 89423	
City/State and Zip Code	
info@corporatedirect.com	;
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Kaitie Sperry 775	782-2201)
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	section 605.0115, Florida Statutes, th	ne undersigned,
Gerri Detweiler		, hereby resigns as
Nan	ne of Registered Agent	,,,,,
Registered Agent for	GUIDING LIGHT H	OLDINGS, LLC
	Name of Limited Liability Company	
	Name of Entitled Elability Company	
L06000028	8672	
Document Number	, if known	
A copy of this resignation w	as mailed to the above listed limited li	iability company at its last known address.
The agency is terminated and	d the office discontinued on the 31st d	lay after the date on which this statement is filed
_	Herri Active Signature of Resigning	Agent .
If signing on behalf of an en	tity:	criba. i nt e
	Gerri Detweiler	
_	Typed or Printed Name	THE STATE OF THE S
	Registered Agent	
	Capacity	
	FILING FEES: \$ 85.00 Active limited liab \$ 25.00 Administratively of	bility company dissolved/ voluntarily dissolved/ d liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314