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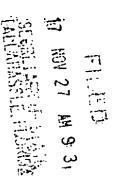
(Re	questor's Name)				
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(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	GUIDING LIGHT FINANCIAL, LLC			
30b3EC1	Name of Limi	ited Liability	Company	
DOCUMENT NUMBER:	L06	5000029418	8	
The enclosed Resignation of R for filing.	egistered Agent fo	or a Limited	Liability Company and fee	are submitted
Please return all correspondent	ce concerning this	matter to the	e following:	
Kaitie S	Sperry			
Name of	Person			
Corporate Direct, Inc.				
Name of Fire	n/Company			
2248 Meridia	n Blvd., Ste H			
Addı	ess			
Minden, N	V 89423			
City/State and Zip Code			;	
info@corporatedirect.com			;	
E-mail address: (to be used for	future annual report	notification)		
For further information concer	ming this matter, p	olease call:		
Kaitie Sperry	at	775	782-2201	
Name of Person		Area Code	Daytime Telephone Numbe	ा

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions o	f section 605.011.	5, Florida Statutes, the un	dersigned,		
Gerri Detweiler Name of Registered Agent			, hereby resigns as		
		nt	,		
Registered Agent for	Gl	UIDING LIGHT FINA	NCIAL, LLC		
_	Name of Lim	nited Liability Company		····································	
L0600002	9418				
Document Numbe	r, if known				
A copy of this resignation w	as mailed to the a	above listed limited liabili	ty company at its last I	cnown address.	
The agency is terminated an		ontinued on the 31st day a support of Resigning Ager		his statement is filed.	
If signing on behalf of an er	ntity:				
	(Gerri Detweiler			
		yped or Printed Name			
	F	Registered Agent		医肾 可	
_		Capacity		MOV 2	
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability Administratively disso withdrawn limited lial	company lived/voluntarily disso bility company	olved/ 9 3	

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