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IT APR 25 PH 3: 15

B. BOSTICK APR **26** 2011

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

CR2E079 (5/06)

SUBJECT: LIGHTHOUSE VISION (Name of Limited Liability Cor	mpany)
The enclosed member, managing member or manager resigniling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
MICHAEL DERSOON (Contact Person)	_
LIGHT HOUSE VISION (Firm/Company)	_
3761 W. HEATHER DR	11 AF
GREEN ACRES FL 33463 (City/State and Zip Code)	HILED 11 APR 25 PH 3: 15 LLAHASSEE, FLORIDA
For further information concerning this matter, please call: WICUREL PERSON (Name of Contact Person) at (561) (Area Code	
Enclosed please find a check made payable to the Florida I	
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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the	limited liability comp	any as it appe	ars on the records	s of the Florida Department
of State is:	LIGHT HOUSE	VISION	, LLC	·
2. This limited liab	ility company was org	anized under	the laws of	
				·
3. The Florida docu	ıment/registration num	nber of this lin	nited liability con	npany is:
_L10000	070003	···································		
4. I, <u>Jewes</u> (Print No.	LARDAKIS ame of Person Resigning)	, h	ereby resign as a	MGRM (Print Title)
of this limited liab resignation in wri		irm the limite	d liability compar	ny has been notified of my
_/ms	101 x			
Signature of Resi	gning. Member, Manag	ging Member	or Manager	=
Filing Fee:	\$25.00 (Required)			APR 2
Certified Copy:	\$30.00 (Optional)			CO CO COMMENT
				ORA W