1/6000054902

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(Address)							
(Address)							
(City/State/Zip/Phone #)							
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(Document Number)							
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COVER LETTER

TO;	Registration Section Division of Corporations	1-2- ara , -3	e e e e e e e e e e e e e e e e e e e		(4 4) (4)
	JECT: LIGHTHOUSE STRATEGIES, LL		Company		
DOC	UMENT NUMBER: L16000054902				
The e	nclosed Resignation of Registered Agent foing.	r a Limited	Liability Con	npany and	fee are submitted
Please	e return all correspondence concerning this	matter to th	e following:		
Emily	y Smith				
	Name of Person				
Para	corp Incorporated				
	Name of Firm/Company				
PO E	3ox 160568				
	Address				
Sacr	amento, CA 95816				
	City/State and Zip Code				
Ē	-mail address: (to be used for future annual report no	otification)			
For fu	orther information concerning this matter, pl	lease call:			
Emily	y Smith	888	280.6563		
	Name of Person	Area Code) Daytime Tele	phone Nur	nber
.		.	ሮርኒ ነ ሮ - ቀ	95 00 f	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 of section 60.	5.0115, Florida Statutes, t	he undersigned,			
Paracorp Incorporated		, hereby resigns	as		
Name of Registere					
Registered Agent for LIGHTHOUSE	STRATEGIES, LLC				
Name	of Limited Liability Company			,	
L16000054902					
Document Number, if known					
A copy of this resignation was mailed to	the above listed limited l	liability company at its la	ıst known ac	ddress.	
The agency is terminated and the office	discontinued on the 31st	day after the date on whi	ch this state	ment is fi	lled.
	•				
	Signature of Resigning	g Agent			
If signing on behalf of an entity:					
	oke, Paracorp Incorpo	orated 😴	i i		
	Typed or Printed Name	حور ا			
Assistant Se	ecretary	الله الله الله الله الله الله الله الله		-	
	Capacity	- C		m	
		, 	² →	D	
		; ;	9: 16 STATE		
F11	ING FEES: 5.00 Active limited lia		יייט ויוויי		
	5.00 Active minted ha 5.00 Administratively withdrawn limite	bility company dissolved/voluntarily d d liability company	issolved/		إلان

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