46000065216

(Reques	tor's Name)		
(Address)		
(Address			
. (Address	<i>y</i>		
(City/Sta	te/Zip/Phone #)		
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Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: LIGHTHOUSE 3, 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:				
Robert C. Hackney (Contact Person)				
(Carried College)				
Hackney Business Law, P.A.				
(Firm/Company)				
250 Tequesta Drive, Suite 200				
(Address)				
Tequesta, FL 33469 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Robert C. Hackney 561 776-	8600			
(Name of Contact Person) (Area Code & Daytin	ne Telephone Number)			
Enclosed please find a check made payable to the Florida Departmer \$\mathref{\Delta}\$ \$25 Filing Fee \$\mathref{\Delta}\$ \$55 Filing Fee & C				
Registration SectionRegistraDivision of CorporationsDivisionClifton BuildingP.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314			

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as	it appears on the records of the F	lorida Departn	nent
of State is:	IGHTHOUSE 3, LLC			
2. The Florida docu	ment/registration number as	ssigned to this limited liability con	mpany is:	
L16000065216	5			17
3. The date this men	mber/manager withdrew/res	igned or will withdraw/resign is:	3/15/2017	MPR II
4. I, OLIVIA EAST	TERLING	hereby withdraw/resign as	a - 17 a	
(Print No	ame of Person Resigning)	, hereby withdraw/resign as		
Manager and				
	(Print Title)		.5-	,
of this limited liab resignation in wri		e limited liability company has be	een notified of	my
Signature of Dis	ssociating Member on Resign	ning Manager	u	
	J			è
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			