

L16000204305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

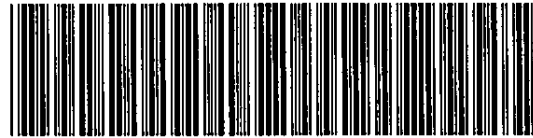
(Business Entity Name)

(Document Number)

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JAN 11 2017

FILED
17 JAN -9 AM 10:49
DIVISION OF REVENUE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lighthouse Global Entertainment, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L16000204305

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vlaimir Petrushin

Name of Person

Lighthouse Global Entertainment, LLC

Name of Firm/Company

1600 Gulf Blvd. Apt. #216

Address

Clearwater, FL 33767

City/State and Zip Code

vladimir@petrushin.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vladimir Petrushin

at (

201

724 - 7595

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Kevin O'Malley

, hereby resigns as

Name of Registered Agent

Registered Agent for Lighthouse Global Entertainment, LLC

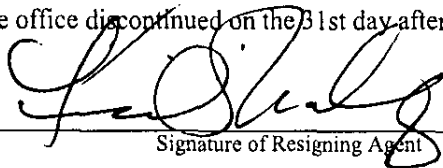
Name of Limited Liability Company

L 16000204305

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

KEVIN O'MALLEY

Typed or Printed Name

AMBR

Capacity

FILED
17 JAN -9 AM 10:49
SECTION OF RECORDS

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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