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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: LIGHTHOUSE BEHAVIOR	
(Name of L	cimited Liability Company)
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to:
WILIAN VAGNER MATOZINHO	
(Contact Person)	
(Firm/Company)	
8430 NW 8TH ST APT A1	
(Address)	
MIAMI, FL 33126	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
WILIAN	786 307-5111
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl \$\begin{align*} \text{S25 Filing Fee} \end{align*}	e to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, 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	s it appears on the records of	f the Florid	a Depa	rtment
of State is:	HTHOUSE BEHAVIORAL	SERVICES LLC			,
2. The Florida doc L1800002319	ument/registration number a	ssigned to this limited liabil	ity compan LL AH	.2019 NO	-T ī
3. The date this member/manager withdrew/resign 4. I, WILIAN VAGNER MATOZINHO (Print Name of Person Resigning)			gn is: <u>\$7.77</u>	5/2019	
MGR	lame of Person Resigning)		5.75.E 0.010.A	AM 10: 17	G
	(Print Title)				
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability company	has been no	otified	of my
Signature of D	issociating Member or Resig	ıning Manager			
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)				