Requester's Name

Thomas J. Zandecki, P.A. 7627 Little Road New Port Richey, FL 34654 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) 500004446635 -06/27/01--01002--003 *****35.00 *****35.00 (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time ☐ Certified Copy Photocopy ☐ Mail out ☐ Will wait ☐ Certificate of Status **NEW FILINGS** AMENDMENTS Profit⁻ Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication ☐ Dissolution/Withdrawal Other Merger **OTHER FILINGS**

☐ Annual Report ☐ Fictitious Name REGISTRATION/QUALIFICATION

Foreign

Limited Partnership

Reinstatement

Trademark

Other

Examiner's Initials

6-27-200

CR2E031(7/97)

THOMAS J. ZANDECKI, P.A.

ATTORNEYS AT LAW

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June 18, 2001

State of Florida Secretary of State Department of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Corporation: Lighthouse Building Company, Incorporated

Administratively Dissolved

Dear Sirs:

I am the Registered Agent for the above dissolved corporation. Please let this letter serve as my statement of resignation as Registered Agent of the above corporation. It is my understanding that this resignation will become effective on the 31st day after the date of filing this resignation.

Enclosed is my check in the amount of \$35.00 for filing this resignation statement.

I certify that a copy of this statement of resignation has been mailed to the last known principal address of the corporation, 12569 Spring Hill Drive, Spring Hill, FJ. 34609, this date, as required by Florida Statute.

Thomas J. Zandecki

Resigning as Registered Agent

STATE OF FLORIDA COUNTY OF PASCO

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared THOMAS J. ZANDECKI, to me known to be the person described in and who executed the foregoing resignation, and _______ is personally known to me or ______ has produced _______ as identification and _______ did/_____ did not take an oath.

WITNESS my hand and official seal of the County and State as aforesaid this _______ day of ________.

Notary Public

State of Florida at Large My Commission Expires: