N0000004670

(Re	equestor's Name)	
(Address)		
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(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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M/DN Resign

TR HAY IT RH 3: 27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 1 6 2012 T. ROBERTS

COVER LETTER

TO:	O: Amendment Section Division of Corporations	
SHR	JBJECT: Lighthouse Credit Foundation, Inc.	
000	(Name of Corporation)	
DOC	OCUMENT NUMBER:N00000004670	
The e	ne enclosed Officer/Director Resignation for a Corporation and fee are subm	itted for filing
Pleas	ease return all correspondence concerning this matter to the following:	
Mic	flichael S. Harrell	
	(Name of Person)	
Ligh	ighthouse Credit Foundation, Inc.	
	(Name of Firm/Company)	
230	300 Tall Pines Dr., Suite 120	
	(Address)	
•	argo, FL 33771	
	(City/State and Zip Code)	
For fi	r further information concerning this matter, please call:	
Larry	(Name of Person) at (727) 535-9653 Ext (Area Code & Daytime Teleph	3189
-	(Name of Person) (Area Code & Daytime Teleph	one Number)
Enclo	closed is a check for \$35.00 made payable to the Florida Department of Stat	e.
Amer Divis Clifto 2661	reet Address: nendment Section vision of Corporations ifton Building 61 Executive Center Circle llahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	-

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

SECRETARY 1 PM 3: 27

Michael S. Harrell	, hereby resign as Vice President	
,	(Title)	
Lighthouse Credit Foundation, Inc.		
(Name of Corpo	ration)	
	poration organized under the laws of the State of	
(Document Number, if known)		
Florida		

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314