NI3000005305

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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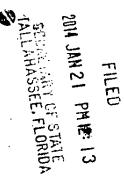
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COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: DISSOLUTION
Sobble 1. Dissertion
DOCUMENT NUMBER: N1ØØØØØ 5305
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Teffrey Schaller (Name of Contact Person) The Lighthouse Fort Myers Inc (Firm/Company)
(Name of Contact Person)
The Lighthouse Fort Myers Inc
(Firm/Company)
2049 CANAL ST
(Address)
2049 CANAL ST (Address) FT MYERS, FL 3390) (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Jeff Schaller 21, 239 , 321.1394
Teff Schaller at (239) 321.1394 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\times \text{\$43.75 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (Additional copy is enclosed)\$\$ Certified Copy (Additional copy is enclosed)\$\$ (Additional copy is enclosed)\$\$ \$2.50 Filing Fee, Certified Copy (Additional copy is enclosed)\$\$
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

Pursuant to s Articles of D	ection 617.1403, Florida Statutes, this Florida not for profit corporation submits the following issolution:		
FIRST:	The name of the corporation as currently filed with the Florida Department of SSIEE. FLORIDA The Lighthouse Fort Myers Inc		
SECOND:	The document number of the corporation (if known): N13000005305		
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)		
	SECTION I If the corporation has members entitled to vote:		
	(CHECK/COMPLETE ONE) ☐ The date of meeting of members at which the resolution to dissolve was adopted		
	12/31/13 . The number of votes cast by the members was sufficient for		
	approval.		
	The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.		
	SECTION II If the corporation has no members or members entitled to vote on the dissolution:		
	The corporation has no members or members entitled to vote on the dissolution.		
	The date of adoption of the resolution by the board of directors was		
	The number of directors in office was and the vote for resolution was for and against. (Must be a majority vote)		
FOURTH	Effective date of dissolution, <u>if applicable</u> : 12/31/13 (no more than 90 days after dissolution file date)		
Signature:			
o g.m.a.c.	(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	Jeffrey Schaller		
	(Typed or printed name of person signing)		
	President (Title of person signing)		

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims

against this corporation as provided in s. 617.1407, F.S. This 'Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. The Lighthouse Fort Myers, Inc. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Name, Address, Phone Number, Email Address Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) The Lighthouse Fort Myers Inc 2049 Canal Street Ft Myers FL 33901 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Jeffery Schaller Printed Name of the Person Filing