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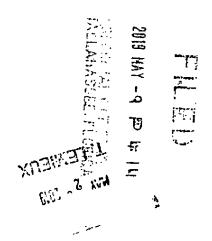
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### **COVER LETTER**

Vestcor Partners XXI	_C	
SUBJECT: Vestcor Partners XXI	ne of Limited Liability Company	
DOCUMENT NUMBER: L01000	1345	
The enclosed Resignation of Regist for filing.	I Agent for a Limited Liability Company and fee are st	bmitted
Please return all correspondence cor	ming this matter to the following:	
Corinne P. McClure, Senior Par	gal	
Name of Perso	<del></del>	
McGuireWoods LLP		
Name of Firm/Cor	ny	
50 North Laura Street, Suite 330		
Address		
Jacksonville, FL 32202		
City/State and Zip	de	
cmcclure@mcguirewoods.com		
E-mail address: (to be used for future	ual report notification)	
For further information concerning	matter, please call:	
Corinne McClure	at ( 904 ) 798-3294   Area Code   Daytime Telephone Number	
	Area Code Daytime Telephone Number	

## 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 provis	sions of section 605.01	115, Florida Statutes, the unc	dersigned,			
RAX Co.			_ , hereby resigns	as		
	Name of Registered Ag		<u> </u>	· ·		
Registered Agent for	Vestcor Partners	XXI, LLC				
	Name of L	imited Liability Company				
L01000021345						•
Document	Number, if known					
A copy of this resigna	ation was mailed to the	above listed limited liabilit	y company at its l	ast knov	wn add	ress.
The agency is termina	ated and the office disc	continued on the 31st day aff	ter the date on wh	ich this	statem	ent is filed.
	Lua	D. Jewson Signature of Hesigning Agent				
If signing on behalf o	f an entity:					
	Lisa O. Taylor					
		Typed or Printed Name		<b>&gt;</b> .	20	
	President			<u> </u>	<u> </u>	B-Many Colo
		Capacity			2019 NAY	i }
				j' (4 1.7 [31] - ≃ 24 1.	4	) of the same
			; -		U	177
	\$ 85.00		company :	-		Erra.
	\$ 25.00	Administratively dissolve withdrawn limited liabi	ved/ voluntarily d ility company	issolve	d∤ E	

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