

L12000140579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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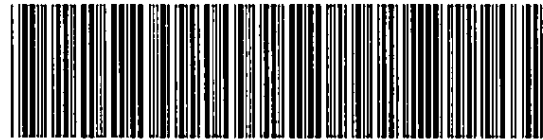
(Business Entity Name)

(Document Number)

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RA Resignation

JUN 07 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RA Life Virginia, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000140579

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marnie Betz

Name of Person

Goodell, DeVries, Leech & Dann, LLP

Name of Firm/Company

One South Street, 19th Floor

Address

Baltimore, MD 21202

City/State and Zip Code

trevor.edwards@empireportfolio.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marnie Betz at (410) 783-3523
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Alan T. Luchnick

, hereby resigns as

Name of Registered Agent

Registered Agent for RA Life Virginia, LLC

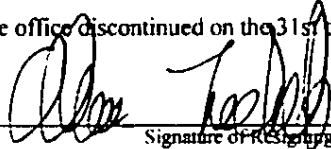
Name of Limited Liability Company

L12000140579

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Alan T. Luchnick

Typed or Printed Name

Managing Member/Authorized Person

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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

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CORPORATIONS DIV
TALLAHASSEE, FL