

L15 000212246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

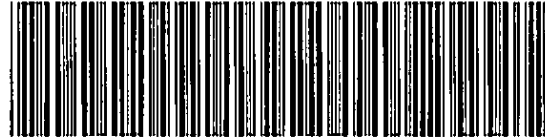
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600385970396

04/19/22--01010--004 **25.00

FILED
2022 APR 19 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FL

Ra Resignation

JUN 07 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RA Life Marketing LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L15000212246

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:

Mamie 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:

Mamie 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
2022 APR 19 AM 10:33
SECRETARY OF STATE
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 Luchnick, hereby resigns as

Name of Registered Agent

Registered Agent for RA Life Marketing LLC

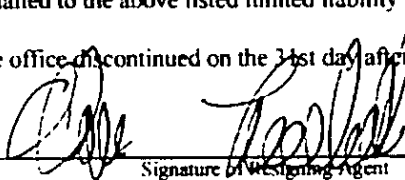
Name of Limited Liability Company

L15000212246

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 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

STATEMENT OF 2022
TALLAHASSEE, FL

2022 APR 19 AM 10:33

FILED