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SECRETARY OF STATE  
TALLAHASSEE, FL

2022 MAY 19 PM 1:00

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LR 78 LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L22000118167

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:

LUIS ALFONSO MARIN CUADRADO  
Name of Person

SAXUM INTERNATIONAL LLC  
Name of Firm/Company

1015 SW 13 STREET  
Address

MIAMI, FL 33129  
City/State and Zip Code

bbesu@saxuminternational.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA BESU at (646) 275-0133  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

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

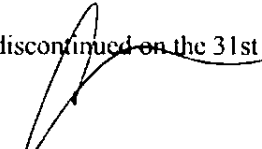
DIFALCO & FERNANDEZ LLLP \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for LR 78 LLC  
\_\_\_\_\_  
Name of Limited Liability Company

L22000118167  
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:

DIFALCO & FERNANDEZ LLLP  
Typed or Printed Name  
PARTNER  
Capacity

**FILED**  
2022 MAY 19 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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**