

**M07000001525**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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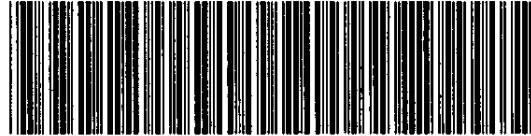
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

MAR 21 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LRA Reunion Mezzanine, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M07000001525

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:

Virginia Tee, Esq.

Name of Person

ACP-Communities, LLC

Name of Firm/Company

200 Ocean Crest Dr., Suite 31

Address

Palm Coast, FL 32137

City/State and Zip Code

vtee@acpcommunities.com

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

For further information concerning this matter, please call:

Mary Kay Hayward

Name of Person

at (386) 246-6618

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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

Virginia Tee, Esq.

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for LRA Reunion Mezzanine, LLC

\_\_\_\_\_  
Name of Limited Liability Company

M07000001525

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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