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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

LLC DISSOLUTION OR WITHDRAWAL LRA ORLANDO, LLC

Certificate of Status	0
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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT:

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Worthington, Jr.

(Name of Person)

M. BURR KEIM COMPANY

Philadelphia, Pennsylvania 19103
(City/State and Zip Code)

For further information concerning this matter, please call

Robert Worthington, Jr. at (215) 563-8113 x 229 (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

Enclosed is a check for the following amount:

P\$25 Filing Fee

☐ \$30 Filing Fee & Certificate of Status □\$55 Filing Fee & Certified Copy

S60 Filing Fee, Certificate of Status & Certified Copy

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LRA ORLANDO, LLC	٠٠ ٠ <del>او۔۔۔</del>	202	
(Name of limited liability company)	ر : <del>النيز</del> د : <del>النيز</del>	30 (	T
Georgia (Jurisdiction of its organization)	2	C 3t	(2000) Catalon
(Jurisdiction of its organization)	မ်ာ့ (		
November 15, 2011	řá.	<u> </u>	
(Date registered with Florida Department of State)	교회	<del></del> ယ	
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(Florida Document Number)			

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: 12/31/2020 11:59:59 p.m. (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(Signature of authorized representative)

Steven C. Bravato, Authorized Person

(Typed or printed name of signee)

Filing Fee: \$25.00