

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000319750 3)))



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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

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**LLC REGISTERED AGENT RESIGNATION
LRA NORTHSORE HAMMOCK, LLC**

Certificate of Status	0
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Page Count	02
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October 30, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LRA NAPLES, LLC
200 OCEAN CREST DRIVE, SUITE 31
PALM COAST, FL 32137

SUBJECT: LRA NAPLES, LLC
REF: M12000000067

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

The name you have on the cover letter and on the amendment is different from the document number you have listed on the document. If you are wanting resign the registered agent from LRA NORTSHORE HAMMOCK, LLC you will need to change the document number to M12000000068 not M12000000067.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H19000319750
Letter Number: 219A00022399

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.

Name of Registered Agent

herby resigns as

Registered Agent for LRA Northshore Hammock, LLC


Name of Limited Liability Company

M12000000068

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

DECLARATION OF FLORIDA

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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