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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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT RESIGNATION  
LRA HB PROJECT, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

2019 OCT 29 PM 2:44

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OCT 30 2018

T. LEMIEUX

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**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 HB PROJECT, LLC


Name of Limited Liability Company

M14000001542

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

**FILING FEES:**

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>withdrawn limited liability company |

2019 OCT 29 A 1:59  
TALLAHASSEE, FLORIDA  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

FILED

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

INHS17 (2/14)

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