1050000 35632

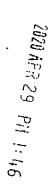
((Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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O SIMMONS MAY 1 4 2020

COVER LETTER

TO: Registration Division of	on Section of Corporations	,	•	
SUBJECT: LaM	aison Properties, LLC			
Name of Limited Liability Company				
Dear Sir or Mada	m:			
The enclosed Stat	ement of Termination a	and fee(s) are subr	nitted for filing.	
Please return all c	orrespondence concern	ning this matter to	the following:	
MICHAEL M. WAL	.LACK, ESQ.			
	Name of Person		_	
WALLACK LAW F	IRM			
	Firm/Company		_	
3260 FRUITVILLE	ROAD, SUITE A			
	Address	·	_	
SARASOTA, FL 34	237			
Cit	y/State and Zip Code		_	
MMW@WallackLav	vFL.com			
E-mail address: ((to be used for future ar	nnual report notifie	 cation)	
	nation concerning this r	·		
MICHAEL M. WAL	LACK, ESQ.	941 at (954-1260	
Name	of Person	Area Cod	e Daytime Telephone Number	
Mailing A			Street Address:	
Registratio			Registration Section	
Division o P.O. Box (f Corporations		Division of Corporations The Centre of Tallahassee	
	e, FL 32314		2415 N. Monroe Street, Suite 819	
rananasse	S, 1 17 DED 17		Tallahassee, FL 32303	

CR2E141 (2/14)

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida	Statutes, I hereby submit the following Statement	of Termination:
FIRST: The name of the limited liability		
SECOND: The Florida Document number	er of the limited liability company is:	32
THIRD: The date of filing of the initial a	rticles of organization is: APRIL 05, 2012	
FOURTH: The date of filing of the disso	lution is: <u>April 15, 2020</u>	
FIFTH: This limited liability company had it will file a statement of termination.	is completed winding up its activities and affairs	and has determined
Joh P Deh	JOHN P. DUKOVAC, Manager	2020 APT 29
Signature of Authorized Representative	Typed or printed name of signature	
	Filing Fee: \$25.00	1:16
Cer	tified Copy: \$30.00 (optional)	

CR2F141 (2/14)