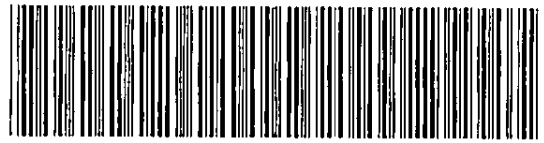


A01000000253



900434690729

Ltd dissolution

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

RECEIVED
2024 OCT 24 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2024 OCT 24 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY
OCT 25 2024



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Ben Bolen
Ext:
Date: 10/24/24
Order #: 1660597-3
Re: La Mirada Gardens, Ltd.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Dissolution/Cancellation/Termination

Amount to be deducted from our State Account: \$52.5 - FL State Account Number:
120000000195

A handwritten signature in black ink, appearing to read 'Ben Bolen', is written over the text of the enclosed application details.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: La Mirada Gardens, LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:

Alexis Kremen

(Contact Person)

The Related Companies L.P.

(Firm/Company)

30 Hudson Yards, 72nd Floor

(Address)

New York, NY 10001

(City, State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

\$52.50 Filing Fee

\$61.25 Filing Fee
and Certificate of
Status

\$105.00 Filing Fee
and Certified Copy

\$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF DISSOLUTION
FOR**

FILED

La Mirada Gardens, LTD.

2024 OCT 24 AM 9:35

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

SECRETARY OF STATE
ALLIANCE SEC. FLORIDA

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 02/20/2001, assigned Florida document number A01000000253, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

Project sold

SECOND: A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

/s/ Alexis Kremen

By: Alexis Kremen, Vice President
of RAST GP Acquisition, LLC, its general partner

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

DIS-26877