A01000000253

(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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2025 JAN 29 PM 3:09

2025 JAN 29 PM 1:39

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 Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

John F. O'Laughlin
Contact Person

Kairos Investment Company, LLC
Firm/Company

18101 Von Karman Ave, Suite 1100
Address

Irvine, CA 92612
City, State and Zip Code

lguerrero@kimc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leticia Guerrero, Investment Coordinator at (949) 750-8030
Name of Contact Person — Area Code and 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

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

CERTIFICATE
OF
REVOCATION OF DISSOLUTION
FOR

La Mirada Gardens, LTD

Name of Florida Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1812, Florida Statutes, this Florida limited partnership or limited liability limited partnership hereby submits this Certificate of Revocation of Dissolution.

FIRST: The effective date of the certificate of dissolution being revoked is:

01/27/2025

SECOND: The revocation of dissolution was authorized in the same manner as the dissolution.

THIRD: The revocation of dissolution was authorized on:

01/27/2025

FOURTH: Attached is a copy of the certificate of dissolution.

FIFTH: 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.:

Name: Jonathan A. Needell

Title: President and CIO

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

CERTIFICATE OF DISSOLUTION
FOR

FILED

2024 OCT 24 AM 9:35

La Mirada Gardens, LTD.

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

SECRETARY OF STATE
TALLAHASSEE, 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