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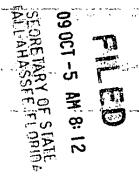
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COVER LETTER

Division of Corporations
SUBJECT: LA CANADA PROPERTIES, LLC Name of Limited Liability Company DOCUMENT NUMBER: L09000049433
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARC: LOWMAN Name of Person
Kim & Lowman, LLP Name of Firm/Company
8620 NE 2 AVENUE Address
MiAMi, FL 33138 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARCI LOWMAN at (305) 981-4477 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.509, Florida	Statutes, the under	rsigned,	
LUCAS L	IBEDINSKY		, hereby resig	ens as	
	Name of Registered Agen	ıt	,	,	
Registered Agent for _	LA CANADA	PROPERTIES.	LIC		
	Name of Lim	ited Liability Company			
L09000049	433				
Document N	lumber, if known				
A copy of this resignati	ion was mailed to the al	bove listed limited lial	bility company at it	s last known address.	
The agency is terminate	ed and the office discon	ntinued on the 31st day	y after the date on v	which this statement is file	đ.
		Signature of Resigning A	Agent		
If signing on behalf of	an entity:			JAEC O9	
	Ту	ped or Printed Name		ECRETAL ECRETAL	
		Capacity		S AM 8: 12 RY OF STATE SEF. FLORID	7

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

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

FILING FEES: \$ 85.00 Active \$ 25.00 Admi