L14000123014

(Re	questor's Name)			
(110	questor s riame,			
(Ad	dress)			
(Address)				
(Cit	y/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



000373094080

10/04/21--01048--016 **25.00



MULIA

COVER LETTER

TO: Registration Section Division of Corporations	,
SUBJECT: LA PLAZA INVESTMENTS, LLC	•
(Name of Limited Li	ability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to:
VALERIA RODRIGUEZ (Contact Person) (Firm/Company)	
3785 NE 168TH. STREET	
(Address)	
NORTH MIAMI BEACH, FL 33160 (City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
VALERIA RODRIGUEZ at (786 ₎ 208-6957
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ☐ \$ \$25 Filing Fee ☐ \$	Florida Department of State for: 55 Filing Fee & Certified Copy
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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of th	e limited liability company as i	it appears on the record	ls of the Florida Department
of State is: LA	PLAZA INVESTMENTS, LL	.C	
2. The Florida do	cument/registration number ass	signed to this limited lia	ability company is:
L140001230	14	·	
3. The date this m	nember/manager withdrew/resig	gned or will withdraw/r	resign is: <u>9-27-21</u>
4. I, <u>VALERIA R</u> (Print	RODRIGUEZ Name of Person Resigning)	, hereby withdraw/:	resign as a
MANAGER	(Print Title)		
of this limited li resignation in w	ability company and affirm the	limited liability compa	any has been notified of my
Signature of [Dissociating Member or Resign	ing Manager	31 32 33 33 33 33 33 33 33 33 33 33 33 33
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		