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(Cit	y/State/Zip/Phone	#)
PICK-UP	■ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE TALLAHASSEE, FLORID,

NOV 13 2014 T. CARTER

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### **COVER LETTER**

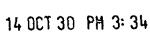
**TO:** Registration Section Division of Corporations

SUBJECT: La Mirada Investments II,	LLC	
	Limited Liability Con	ipany)
The enclosed member, resignation or disso	ociation and fee(s	) are submitted for filing.
Please return all correspondence concernir	ng this matter to:	
Nora H. Miller, Esq.		
(Contact Person)		-
Railey Harding & Allen, P.A.		
(Firm/Company)		-
15 N. Eola Drive		
(Address)	-	-
Orlando, FL 32801		
(City/State and Zip Code)		_
For further information concerning this m	atter, please call:	
Nora Miller, Esq.	407	648-9119
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		Department of State for: 3 Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:

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

CR2E079 (2/14)

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





## 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)

	جرائي والمنافقة فمحاري والوارات فالمحارية والمراف والمالي المرافي والمراف والمرافق والمرافق والمرافق
1. The name of the limited liab of State is:	ility company as it appears on the records of the Florida Department
2. The Florida document/regist L14000126391	ration number assigned to this limited liability company is:
3. The date this member/managed in the date this member in the date this member in the date the date that the date the date that	ger withdrew/resigned or will withdraw/resign is: 10/28/2014, hereby withdraw/resign as a
MEMBER AND MANAG	
(Print Title)	<del></del>
of this limited liability comparesignation in writing.	any and affirm the limited liability company has been notified of my
Signature of Dissociating	Member or Resigning Manager
Filing Fee: \$25.00 (Certified Copy: \$30.00 (	(Required) (Optional)