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| Special Instructions to | Filing Officer: | | | |
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COVER LETTER

| | gistration rision of (| Section Corporations | | | | |
|---|---|---|-------------------------------------|---|--|--|
| SUBJECT: | Montecito Medical - Wickham Road, LLC | | | | | |
| SCOULCT. | (Name of Foreign Limited Liability Company) | | | | | |
| Dear Sir or N | Madam: | | | | | |
| The enclosed withdrawal and fee(s) are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| Bridget Guy | | | | | | |
| | | (Name of Person) | | _ | | |
| LaSalle Investment Management | | | | | | |
| | | (Firm/Company) | | | | |
| 333 West Wacker Drive, 23rd Floor | | | | | | |
| | | (Address) | | | | |
| Chicago, IL 60606 | | | | | | |
| | | (City/State and Zip Cod | e) | | | |
| For further information concerning this matter, please call: | | | | | | |
| Bridget G | Buy | | 312 at (| , 897-4129 | | |
| | (Na | me of Person) | | e & Daytime Telephone Number) | | |
| Reg Div Clif 266 Tal | gistration vision of (fton Build of Execut lahassee, | Corporations Division of Corporations p.O. Box 6327 p.O. Box 6327 Tallahassee, Florida 32314 Florida 32301 | | gistration Section vision of Corporations D. Box 6327 | | |
| ■ \$25 Filing | | for the following amount: ☐ \$30 Filing Fee & Certificate of Status | ☐ \$55 Filing Fee of Certified Copy | & □ \$60 Filing Fee, Certificate of Status & Certified Copy | | |



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Montecito Medical - Wickham Road, LLC |
|---|
| (Name of limited liability company) |
| Delaware |
| (Jurisdiction of its organization) |
| March 13, 2006 |
| (Date registered with Florida Department of State) |
| M0600001475 |
| (Florida Document Number) |
| This limited liability company is withdrawing its certificate of authority in this state. |
| (Signature of authorized representative) Bridget Guy |
| (Typed or printed name of signee) |

Filing Fee: \$25.00