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## **COVER LETTER**

TO:

Registration Section

Division o	of Corporations		
SUBJECT: Mor	ntecito Medical - Wests	ide Medical, LLC	
SUBJECT.	(Name of For	eign Limited Liability C	Company)
Dear Sir or Madan	1:		
The enclosed with	drawal and fee(s) are submitted	d for filing.	
Please return all co	orrespondence concerning this	matter to the following:	
Bridget Guy			
	(Name of Person)		
LaSalle Inves	tment Management		
	(Firm/Company)		
333 West Wa	cker Drive, 23rd Floor		
	(Address)		
Chicago, IL 6	0606		
	(City/State and Zip Cod	e)	
For further informa	ation concerning this matter, p	lease call:	
Bridget Guy		312	897-4129
(	Name of Person)		Daytime Telephone Number)
Registrati Division o Clifton B 2661 Exe Tallahass	cutive Center Circle ee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
<b>☑</b> \$25 Filing Fee	ck for the following amount: ☐ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy



## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Montecito Medical - Westside Medical, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
March 13, 2006
(Date registered with Florida Department of State)
M0600001478
(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