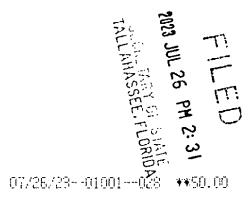
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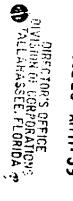
(Requestor's Name)	
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(Madiess)	
(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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INC.

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1.	LA INDIANA LLC		
	(CORPORATE NAME AND DOCUMEN	Γ#)	-
2.			
	(CORPORATE NAME AND DOCUMEN	Γ#)	
3.			
	(CORPORATE NAME AND DOCUMEN	Γ#)	
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	(CORPORATE NAME AND DOCUMEN'	Γ#)	
6.			
0.	(CORPORATE NAME AND DOCUMENT	Γ#)	
SPECIA INSTRU	AL JCTIONS:		
		14	

COVER LETTER

Division o	in Section f Corporations		
La Inc	diana LLC		
SUBJECT.	(Name of Fo	reign Limited Liability	v Company)
Dear Sir or Madam			
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	s matter to the following	ng:
Martin T. Schrier, I	Esq.		
***	(Name of Person)		_
Cozen O'Connor			
	(Firm/Company)		_
200 S. Biscayne Bl	vd Suite 3000		
	(Address)		_
Miami, FL 33131			
	(City/State and Zip Coc	le)	_
For further informat	ion concerning this matter, p	olease call:	
Marsha Romero		305 at (704-5940
(N	ame of Person)		& Daytime Telephone Number)
Division P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
□\$25 Filing Fee	☐ \$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

La Indiana L	.LC	
	(Name of limited liability company)	
Delaware		
···	(Jurisdiction of its organization)	
08/28/2018		
	(Date registered with Florida Department of State)	
M180000079	926	
	(Florida Document Number)	
This limite	d liability company is withdrawing its certificate of authority in	n this state.
(If an effec more than ^c Note: If the	Date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior 90 days after filing.) to date inserted in this block does not meet the applicable statute till not be listed as the document's effective date on the Department.	ory filing requirements.
	(Signature of authorized representative)	
	Joshua Levy	
	(Typed or printed name of signee)	1029 JUL 26 PM 2: 3 TALLAHASSEE, FLORI

Filing Fee: \$25.00