N1500003649

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JUL 02 2015 Y CANNON

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: LALA'S HOUSE, INC. |
| (Name of Corporation) DOCUMENT NUMBER: N15000003649 |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Judd G. Rosen |
| (Name of Person) |
| |
| (Name of Firm/Company) |
| 1111 Brickell Ave. STE #2180 |
| (Address) |
| Miami, FL 33131 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Catherine Daniels at 305 374-4200 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| |

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327

Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

FILED SECRETARY OF STATE TALLAMASSEE, FLORIDA

15 JUN 30 AM 10: 01

| · |
|---|
| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
| Florida Statutes, the undersigned, Judd G. Rosen |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for LALA'S HOUSE, INC. |
| (Name of Corporation) |
| N1500003649 |
| (Document Number, if known) |
| A copy of this resignation was mailed to the above listed corporation at its last known addres |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. |
| (Signature of Resigning Agent) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) |
| |

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)