

B96000000317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

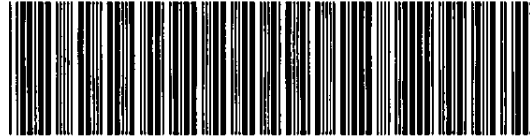
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300283335543

03/22/16--01006--028 \*\*52.50

FILED  
2016 MAR 21 PM 4:21  
2016 MAR 21 AM 9:01  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR 22

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMBASSADOR APARTMENTS (CRM DELAWARE) LIMITED PARTNERSHIP  
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**LUCINDA EHRHARD**

(Contact Person)

**AIMCO**

(Firm/Company)

**4582 S ULSTER ST, SUITE 1100**

(Address)

**DENVER, CO 80237**

(City, State and Zip Code)

For further information concerning this matter, please call:

**LUCINDA EHRHARD**

(Name of Contact Person)

at ( **303** ) **757-8101**

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

\$52.50 Filing Fee

\$61.25 Filing Fee  
and Certificate of  
Status

\$105.00 Filing Fee  
and Certified Copy

\$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

FILED  
2016 MAR 21 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF CANCELLATION  
FOR  
FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

**AMBASSADOR APARTMENTS (CRM DELAWARE) LIMITED PARTNERSHIP**

(Name of foreign limited partnership or limited liability limited partnership)

**B96000000317**

(Florida Document Number of the Foreign LP or LLLP)

**Delaware**

(Jurisdiction of formation)

**08/13/1996**

(Date authorized to transact business in Florida)

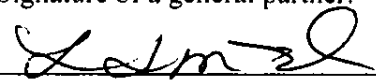
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**NOTE:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



Typed or printed name:  
AIMCO QRS GP, LLC, general partner  
By: AIMCO Properties, L.P., its member  
~~AIMCO GP, Inc., its general partner~~  
By: Lucinda M. Ehrhard, Assistant Secretary  
**Filing Fee:** \$52.50  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75