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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Alliant Tax Credit Fund XV, Ltd.	
(Name of Limite	ed Partnership)
DOCUMENT NUMBER: A0000001930	
The enclosed Certificate of Cancellation and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the f	ollowing:
Allison Leclair	
(Name of	Person)
Alliant Asset Management Company, LLC	
(Firm/Con	mpany)
21550 Oxnard Street, Suite 1020	O4 SEP - 8 LL AHASS
(Addr	ess)
	ess) HE FP 8 A A A A A A A A A A A A A A A A A A
Woodland Hills, CA 91367	me a n
(City/State and	d Zip Code)
For further information concerning this matter, please call:	d Zip Code)
Allison Leclair	at (818) 668-2819
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
□ \$52.50 Filing Fee	105.00 Filing Fee & Certified Copy (additional copy is enclosed) \$113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327

Tallahassee, Florida 32399

Tallahassee, Florida 32314

CERTIFICATE OF CANCELLATION FOR

Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose
certificate was filed with the Florida Department of State on December 14, 2000 , hereby submits this
Certificate of Cancellation.

(Insert name currently on file with Florida Dept. of State)

FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

Inactive



SECOND: This Certificate of Cancellation shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signatures of all general partners:

Alliant Tax Credit Fund XV, Ltd.

Alliant Capital, Ltd., general partner of ATCF XV, Ltd.

By: Alliant, Inc., general partner of Alliant Capital, Ltd.

Rv.