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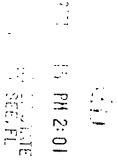
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COVER LETTER

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TO: Registration Section Division of Corporations SECAL A TALLAHA SOLE, FL **SUBJECT:** Myersburg Associates 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: Michael DeLuca (Contact Person) Rabina Properties (Firm/Company) 505 5th Avenue, 27th Floor (Address) New York, NY 10017 (City, State and Zip Code) For further information concerning this matter, please call: Michael DeLuca at (212) 680-4505 (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: ■ \$52.50 Filing Fee \$61.25 Filing Fee \$105.00 Filing Fee S113.75 Filing Fee, and Certificate of and Certified Copy Certified Copy, and Certificate of Status Status

Mailing Address:

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

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

(Name of foreign limited p		ited liability limited p	artnership)		
A05688					
	ent Number of the	Foreign LP or LLLP)		
CT					
	urisdiction of for	mation)			
04/19/1977					
	ized to transact b	usiness in Florida)			
This foreign limited partnership or transacting business in Florida and s. 620.1907, F.S.					iant to
This entity appoints the Florida Deprights of action arising out of the tra		_		f proce	ess for
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	e of filing: <u>3/16</u> e than 90 days aft	2021 er the date this docum	ent is filed	by the	Florida
NOTE: If the date inserted in this requirements, this date will not be l Department of State's records.					ng
Signature of a general partner:	_		 		
Typed or printed name: Michael DeLuca - VP of General Partner			ASSECTION FL	PH 2: 01	d - d
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75				