A08971

(Requestor's Name)		
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	ə #)
		MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
Office Use Only		

تيكن ا

.. ι



000242299990 12/06/12--01014--003 ***437.00





Corporate Legal Services

CT Corporation

New York, NY 10011

212 894 8940 tel 212 590 9180 fax www.ctcorporation.com

November 28, 2012

RE:CYPRESS APARTMENTS, LTD.(FL. DOM.)COUNTRYSIDE APARTMENTS II, LTD.(FL. DOM.)NOVA GLEN APARTMENTS II, LTD.(FL. DOM.)NOVAWOOD APARTMENTS II, LTD.(FL. DOM.)OAKLAND HILLS OPERATING PARTNERSHIP, LTD.(FL. DOM.)

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of $\frac{437.50}{50}$ to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

C-6 AM11:0

RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1051(2), Florida Statutes, the undersigned,

C T CORPORATION SYSTEM (Name of Registered Agent)

_____, hereby resigns as Registered

Agent for COUNTRYSIDE APARTMENTS, LTD. (FL. DOM.) (A08977)

(Name of Limited Partnership)

A copy of this resignation was mailed to the above listed partnership at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

(Signature) THERESA ALFIERI ASSISTANT SECRETARY



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

FILING FEE: \$87.50

INHS16(9/98)