

A15864

Village Tampa Associates, Ltd.
Requestor's Name

866 Newport Center Dr. # 400
Address

Newport Beach, CA 92660
City/State/Zip Phone #

700002478887--2
-04/03/98-01121-001
*****52.50 *****52.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Village Tampa Associates, Ltd.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 APR -3 AM 11:02

FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

CERTIFICATE OF CANCELLATION
FOR

A15864

Village Tampa Associates, LTD.
(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.



(Signature of a General Partner)

Steven J. Sherwood

(Typed or Printed name of General Partner Signing Above)

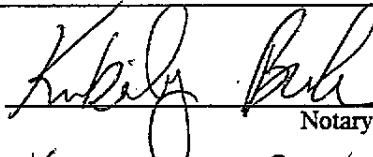
STATE OF California

COUNTY OF Orange

On this 20 day of March, 19 98, Steven J. Sherwood
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____

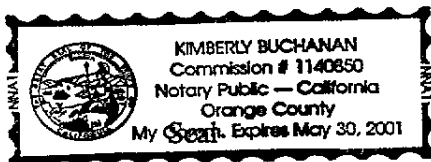
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SECRETARY OF STATE
TALLAHASSEE
FLORIDA



Notary Public Signature

Kimberly Buchanan

Notary's Printed Name



My Commission Expires: May 30, 2001