

**Al6492**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

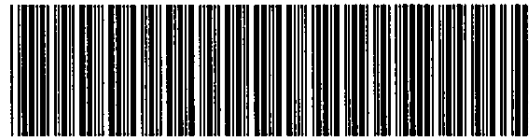
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**100242406721**

**100242406721**  
12/06/12--01014--002 \*\*437.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2012 DEC -6 PM12:55

**C. LEWIS**  
DEC -7 2012  
**EXAMINER**

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 \$437.50 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

*Theresa Alfieri*

Theresa Alfieri  
Senior Supervisor &  
Assistant Secretary

TA/hm  
Enclosure

**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, hereby resigns as Registered  
(Name of Registered Agent)

Agent for CYPRESS APARTMENTS, LTD. (FL. DOM.) (A16492)

\_\_\_\_\_  
(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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2012 DEC -6 PM 12:55

**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)