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City/S	tate/Zip Phone #	Office Use Only
CORPORATI	ON NAME(S) & DOCUMENT NUM	BER(S), (if known):
1.		
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Walk in Mail out NEW FILINGS: Profit NonProfit	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Direct	Certified Copy
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability		Certified Copy
Walk in Mail out NEW FILINGS: Profit NonProfit Limited Liability Domestication	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Direct	Certified Copy
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability		Certified Copy
Walk in Mail out NEW FILINGS: Profit NonProfit Limited Liability Domestication	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/Direct Change of Registered Agent Dissolution/Withdrawal Merger	current #) Certified Copy Certificate of Status Certificate of Status Name Availability Document
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/Direct Change of Registered Agent Dissolution/Withdrawal Merger	Certified Copy
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other	Pick up time Will wait Photocopy AMENDMENTS: Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal Merger S REGISTRATION/	comment #) Certified Copy Certificate of Status Certificate of Status Certificate of Status Name Availability Document Examiner Update
Walk in Mail out NEW FILINGS: Profit NonProfit Limited Liability Domestication Other OTHER FILING Annual Report	Pick up time Will wait Photocopy AMENDMENTS: Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION:	Certified Copy
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CERTIFICATE OF CANCELLATION FOR

Biscayne Bay ASSOCIATES, LTD (Insert name currently on file with Florida Dept. of State)

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 12/29/86 _____, hereby submits this certificate of cancellation.

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

Partnership no langer in business.

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:

HOUSING SYSTEMS.INC GP By: Douglas Clawcos - VP

DEC -8 PM 4:25

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