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(Re	questor's Name)			
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## **COVER LETTER**

TO: Registration Division of	Section Corporations			
SUBJECT:N	TS - Properties Foreign Limited Partnersh	Associates V	ited Partnership)	-
The enclosed Notic	e of Cancellation and f	fee(s) are submitted for	filing.	
Please return all con	respondence concerni	ng this matter to:		
NTS	(Contact Person)  Development (Firm/Company)  Linn Station (Address)  (Ile KY 402) (City, State and Zip Code)	Company Road		
For further information	tion concerning this ma	atter, please call:		
(Name of Con	n Howard tact Person)	at ( 502 ) 4 (Area Code and D	26-4800 Paytime Telephone Number)	. 6
Enclosed is a check	for the following amo	unt:		12
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	S113.75 Filing Fee Certified Copy, and Certificate of Status	24 F312:49
STREET ADDRES	SS.	MAILING	ADDRESS:	လ
Registration Section		Registration		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 63		
2661 Executive Center Circle		Tallahassee,		
Tallahassee, FL 32		· · · · · · · · · · · · · · · · · · ·		

## 2 4 5 . .

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

NTS-Properties Associates VI, Ltd.	
(Name of limited partnership or limited liability limited partnership)	
Kentucky (Jurisdiction of formation)	
(Jurisdiction of formation)	
(Date authorized to transact business in Florida)	<del></del>
(Date authorized to transact business in Florida)	
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursua s. 620.1907, F.S.	int to
This entity appoints the Florida Department of State as its agent for service of procestights of action arising out of the transaction of business in this state.	ss for
Effective date, if other than the date of filing:	lorida
Signature of a general partner: NTS Capital Corporation, General Partner By: Susan moderated, Secretary	ANY 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Typed or printed name:	
Susan M. Howard, Secretary	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	. · ·