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bals Lovaire Pd.	
Address Dradenta, FL 34202 City/State/Zip Phone #	Office Use Only

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

1(Cor	poration Name)	(Document #)	<u> </u>
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NEW FILINGS	ÂMENDMENT	S.	
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NonProfit	Resignation of R.A.,	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered	Resignation of R.A., Officer/Director Solution Change of Registered Agent Solution	
Domestication	Dissolution/Withdray	Dissolution/Withdrawal	
Other	Merger		_ ·** ·
OTHER FILINGS	REGISTRAT		
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Annual Report			
Fictitious Name	Foreign	··· ·	
Name Reservation	Limited Partnership	<u> </u>	
	Reinstatement		
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CERTIFICATE OF CANCELLATION FOR

The Legacy Golf Linited Partnership (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 Scrt. 21, 1975; hereby submits this certificate of cancellation.

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

Assets of partnership was sold - partnership was dissolved.

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:

J. Chife

My J. Chille Nthony J. Chille Secretary - Kewood Crult Curporation