

A98000000273

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(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SC Enclave Miramar, Ltd.

(Name of Limited Partnership)

**DOCUMENT NUMBER:** A98000000273

The enclosed Certificate of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Holton

(Name of Person)

Archstone-Smith

(Firm/Company)

9200 E. Panorama Circle

(Address)

Englewood, CO 80112

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Holton

(Name of Person)

at ( 303 )

708-5970

(Area Code & Daytime Telephone Number)

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Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☒ \$61.25 Filing Fee &  
Certificate of Status

☐ \$105.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$113.75 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**CERTIFICATE OF CANCELLATION  
FOR**

SC ENCLAVE MIRAMAR, 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 January 28, 1998, hereby submits this Certificate of Cancellation.

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

Limited Partnership is no longer transacting business in the State of Florida

**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:



\_\_\_\_\_  
President, AMERITON Properties Incorporated, General Partner

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TALLAHASSEE, FLORIDA