

BID DDDDDDDDD /

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

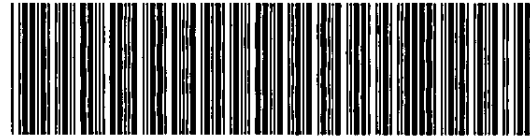
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/05/14--01027--017 **43.75

06/03/14--01006--017 **17.50

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2014 JUN -2 PM12:33
TALLAHASSEE, FLORIDA

JUN 03 2014

J. BRUCI



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2014

MARSHA BLACK
145 ROSEMARY STREET, SUITE E
NEEDHAM, MA 02494

SUBJECT: EQUITY INDUSTRIAL LIMITED PARTNERSHIP IV
Ref. Number: B00000000011

111
F A I
MAY 27 2014

BY: 1857
P 17.50

We have received your document for EQUITY INDUSTRIAL LIMITED PARTNERSHIP IV and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$52.50. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

There is a balance due of \$8.75.

Please return your document, along with a copy of this letter, within 60 days, or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 414A00010361

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MAY 27 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Equity Industrial Limited Partnership IV
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

Marsha Black
(Contact Person)
Equity Industrial Partners Corp
(Firm/Company)
145 Rosemary St., Ste E
(Address)
Needham, MA 02494
(City, State and Zip Code)

For further information concerning this matter, please call:

Marsha Black at (781) 449-9000
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$52.50 Filing Fee ☒ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

Equity Industrial Limited Partnership IV
(Name of limited partnership or limited liability limited partnership)

Massachusetts
(Jurisdiction of formation)

1/20/2000

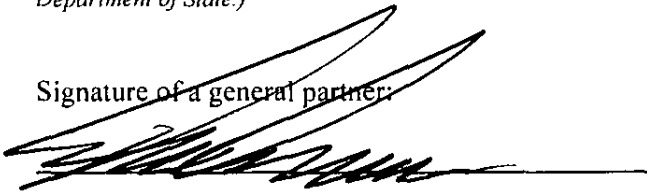
(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Typed or printed name:

Donald A. Levine

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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TALLAHASSEE, FLORIDA