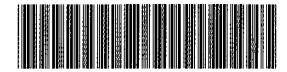
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(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	#)	_	
PłCK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	e)	_	
(50	onioos Eritty Hami	- ,		
(Document Number)				
(DC	cument Number)			
Certified Copies	_ Certificates	of Status	-	
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Special Instructions to	Filing Officer:]	
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Office Use Only



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COVER LETTER

	egistration vivision of (Section Corporations		
SUBJEC	T. CHA	VEZ PROPERTI	ES- W. BROWA	RD, L.P.
			ip or Limited Liability Lin	
The encl	osed Notice	e of Cancellation and f	fee(s) are submitted fo	r filing.
Please re	turn all cor	respondence concerni	ng this matter to:	
Toni K	ennett,	Director of Asset	Management	
		(Contact Person)		
Chave	z Prope	rties		
		(Firm/Company)		
250 W	. Court :	Street, Suite 200	E	
		(Address)		
Cincin	nati, OH	45202		
		(City, State and Zip Code)		
For furth	er informat	ion concerning this m	atter, please call:	
Toni K	ennett		at (513)24	1-0429
(1)	Name of Con	tact Person)		Daytime Telephone Number)
Enclosed	l is a check	for the following amo	ount:	
√ \$52.50 I	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	Γ ADDRES	SS:	MAILING	ADDRESS:
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		
	ecutive Cen		Tallahassee	, FL 32314
i amanas:	see, FL 32.	301		

FILED

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR

LIMITED LIABILITY LIMITED PARTNERSHIP

08 JAN 22 PM 3: 21

SECRETARY UF STATE TALLAHASSEE FLORIDA

CHAVEZ DEODEDTIES W. RROWARD I D.

Certificate of Status (optional):

CHAVEZ PROPERTIES	-VV. BROVVARD, L.P.
(Name of limited pa	rtnership or limited liability limited partnership)
ОНЮ	
=	(Jurisdiction of formation)
7/11/2002	
(Date auth	orized to transact business in Florida)
	r limited liability limited partnership is no longer d wishes to cancel its certificate of authority pursuant to
	repartment of State as its agent for service of process for transaction of business in this state.
Effective date, if other than the da (Effective date cannot be prior to nor me Department of State.)	ate of filing: upon filing ore than 90 days after the date this document is filed by the Florida
Signature of a general partner:	
manuel Chary	
Typed or printed name:	
MANUEL CHAVEZ	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50

\$8.75