B03000000018

(Re	questor's Name)			
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200262333102

07/21/14--01013--006 **52.50

I4 JUL ZI TA |: 45 SLUNCIAGY OF STATE ALLAHASSEF, PI ORIO*x*

JUL 2 5 2014

T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, FL 32301

SUBJECT: SEMINOLE-OXFORD ASSOCIATES LIMITED PARTNERSHIP

(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:

Lucinda M. Eł	nrhard, Assistant	Secretary	
	(Contact Person)		
Aimco			
	(Firm/Company)	**************************************	
4582 S Ulster St, Suite 1100			
	(Address)		
Denver, CO 8	0237		
	(City, State and Zip Code)	1	
For further informa	tion concerning this m	atter, please call:	
Lucinda M. Eh	rhard	at (303) 69	1-4382
(Name of Contact Person)		(Area Code and Daytime Telephone Number)	
Enclosed is a check	for the following amo	ount:	
✓ \$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 ADDRE	SS:	MAILING	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Center Circle		Tallahassee, FL 32314	



July 16, 2014

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

Re: Seminole-Oxford Associates Limited Partnership

Enclosed for filing are an original and one copy of the Notice of Cancellation for the above limited partnership as well as a check in the amount of \$52.50 for payment of the filing fee. Please file the original and return a file-stamped copy in the enclosed self-addressed postage paid envelope. If there are any questions or additional information is required, please feel free to contact me at (303) 691-4382. Thank you for your assistance.

Sincerely,

Lucinda M. Ehrhard

Assistant Secretary

/lme

Enclosure

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



SEMINOLE-OXFORD ASSOCIATES LIMITED PARTNERSHIP

(Name of limited partnership or limited liability limited partnership)

Maryland		
(1	urisdiction of format	ion)
01/21/2003		
(Date author	ized to transact busin	ness in Florida)
This foreign limited partnership or transacting business in Florida and s. 620.1907, F.S.		imited partnership is no longer its certificate of authority pursuant to
This entity appoints the Florida Derights of action arising out of the tra		as its agent for service of process for ness in this state.
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)		the date this document is filed by the Florida
Signature of a general partner:	2	
Typed or printed name: Seminole-Oxford Corporation, managing g By: Lucinda M. Ehrhard, Assistant Secreta	• '	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	