(Re	questor's Name)		
(Ad	dress)		
	dress)		
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to I	Filing Officer:	15	
:			





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10/17/07--01028--003 \*\*52.50



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form to cancel a foreign limited partnership's or limited liability limited partnership's registration.

A foreign limited partnership or limited liability limited partnership may cancel its registration by filing a Notice of Cancellation with the Florida Department of State. The cancellation must be signed by a general partner.

The fee to file the cancellation is \$52.50. Certified copies of the revocation are \$52.50 each. You should total all fees and forward one check made payable to the Florida Department of State for the total amount.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

#### 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

For further information, you may contact the Registration Section at (850) 245-6051.

INHS32 (01/06)

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Hermitage Pl	hip or Limited Liability Limited Partnership)
The enclosed Notice of Cancellation and	
Please return all correspondence concern	ing this matter to:
Stephanie Hall (Contact Person)	
Hermitage Place (Firm/Company)	P
PO BOX 448	
(Address)	
Concord NC 280	)
(City, State and Zip Code	)
For further information concerning this m	natter, please call:
Steplaca . H. II	701 782 1143
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
,	
Enclosed is a check for the following amo	ount:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee \$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:	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
Tallahassee, FL 32301	



October 19, 2007

STEPHANIE HALL P.O. BOX 648 CONCORD, NC 28026

SUBJECT: HERMITAGE PLACE, LP

Ref. Number: B0400000260

We have received your document for HERMITAGE PLACE, LP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6967.

Letter Number: 407A00061648

Leslie Sellers Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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

Hermitaal Pla	are LP		
(Name of Limited partne	ership or limited liab	ility limited partnership)	
North Co	urolina		
(Ju	urisdiction of formation	on)	
6/18/30	04		
(Date authori	ized to transact busine	ess in Florida)	
This foreign limited partnership or later transacting business in Florida and vs. 620.1907, F.S.		· · · · · · · · · · · · · · · · · · ·	t to
This entity appoints the Florida Dep rights of action arising out of the tra			for
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	of filing: N than 90 days after th	31 13w7. The date this document is filed by the Flor	rida
Signature of a general partner:			
& Carolyn C. Juc	ker_		
Typed or printed name:			
Carolyn CTUCIER	·		
Filing Fee:	\$52.50	<del>-</del>	٠
Certified Copy (optional):	\$52.50		رن الم
Certificate of Status (ontional):	\$8.75		70