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Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

**DISS/TERM/CANCEL/REV OF LP/LLP
LAKELAND RETIREMENT RESIDENCE LIMITED
PARTNERSHIP**

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DEC 29 2015
J. HARRIS

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

Lakeland Retirement Residence Limited Partnership

(Name of limited partnership or limited liability limited partnership)

Oregon

(Jurisdiction of formation)

8/23/2005

(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: upon 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:

By: Leah Kuor, Assistant Secretary of Harvest General Partner LLC, General Partner

Filing Fee:	\$52.50
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