

B05000000488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

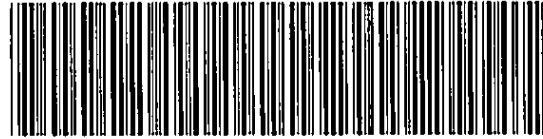
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2022 AUG 16 PM 5:00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

LP  
Notice  
of  
Cancel.

RECEIVED

2022 AUG 16 AM 11:40

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

AUG 18 2022

D CONNELL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 884498 5022062

AUTHORIZATION :

COST LIMIT : *Spencer Cleman*  
\$ 61.25

-----  
ORDER DATE : August 15, 2022

ORDER TIME : 8:31 AM

ORDER NO. : 884498-005

CUSTOMER NO: 5022062  
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FOREIGN FILINGS

NAME: SIMPSON ST. JOHNS LIMITED  
PARTNERSHIP

\_\_\_\_ CORPORATE  
XX LIMITED PARTNERSHIP  
\_\_\_\_ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Simpson St. Johns 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:

Debra McDonald  
(Contact Person)  
Simpson Housing  
(Firm/Company)  
7601 E. Technology Way, Suite 600  
(Address)  
Denver, CO 80237  
(City, State and Zip Code)

For further information concerning this matter, please call:

Debra McDonald at ( 303 ) 283-4210  
(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

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Simpson St. Johns Limited Partnership

(Name of foreign limited partnership or limited liability limited partnership)

B05000000488

(Florida Document Number of the Foreign LP or L.LLP)

Texas

(Jurisdiction of formation)

11/09/2005

(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: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

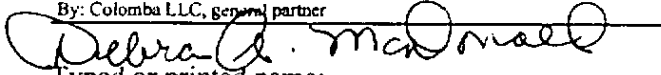
**NOTE:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:

SJLP St. Johns, L.L.C., general partner

By: Simpson Housing L.L.P., manager

By: Colomba LLC, general partner

  
Typed or printed name:

Debra A. McDonald, Assistant Secretary

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

**FILED**  
2022 AUG 16 PM 5:00  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA