(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:

A. LUNT

JUN 21 2011

EXAMINER

Office Use Only



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COVER LETTER

_	stration sion of C	Section Corporations					
SUBJECT:		SA Homes Florid		ity Limi	ted Partnershir	,)	
(ivaine oi	roreign Emmed i amicism	ip or Ellinea Elabin	ny Dini	ica i aitiicisinp	,,	
The enclosed	d Notice	of Cancellation and f	ee(s) are submitt	ed for	filing.		
Please return	all com	respondence concerni	ng this matter to:				
Sorana k	(eeve	r		_		Ž.	GIR.
		(Contact Person)				2> 1	(==
TOUSA, Inc.						差別	Œ
		(Firm/Company)				29.7	20
4000 Ho	llywod	d Blvd., Ste. 40	0N			ائر <u>ت</u> آئرت	
		(Address)				55	野
Hollywoo	d, FL	33021				En.	କ୍ରମ କ୍ରମ
		City, State and Zip Code)		-		(I)	
For further i	nformat	ion concerning this m	atter, please call:				
Brenda N	/linors		at (954	364	4-4000		
(Nam	e of Cont	act Person)		e and D	aytime Telepho	one Numb	er)
Enclosed is	a check	for the following amo	ount:				
√ \$52.50 Filin	g Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Co		S113.75 I Certified Co Certificate of	py, and	'
STREET A	DDRES	SS:	MAII	JING .	ADDRESS:		
Registration Section		Registration Section					
Division of Corporations		Division of Corporations					
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314					
Tallahassee,			i ailan	iassee,	FL 32314		

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

. . . !

TOUSA Homes Florida, LF	•	
(Name of limited partner	ership or limited liability limited partnership)
Delaware		
(Ju	risdiction of formation)	
9/27/06		<u> </u>
(Date authoriz	zed to transact business in Florida)	100 C
	imited liability limited partnership is vishes to cancel its certificate of auth	
This entity appoints the Florida Deparights of action arising out of the trans	artment of State as its agent for servi nsaction of business in this state.	ce of process for
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	of filing:	filed by the Florida
Signature of a general partner:		
Typed or printed name:		
Sorana Keever		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	