

1306 000000465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

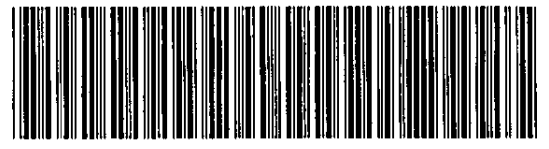
(Business Entity Name)

(Document Number)

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

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16 NOV - 7 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 09 2016  
Y SULKER



Ponce City Market  
675 Ponce de Leon Ave, NE

7th Floor  
Atlanta, GA 30308

USA

WENDY CHAMBERS

**DIRECT DIAL**  
**770-805-1017**

November 3, 2016

**VIA UNITED PARCEL SERVICE**

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: JAMESTOWN Tallahassee 1, L.P.  
Document Number: B06000000465

Dear Sir or Madam:

I enclose the Notice of Cancellation for Foreign Limited Partnership for JAMESTOWN Tallahassee 1, L.P. for filing with the Florida Department of State together with our check in the amount of \$52.50 in payment of the filing fees. After filing, please return the appropriate documentation to my attention at the address above.

Thank you for your assistance. If you have questions, please call me.

Sincerely,

Wendy Chambers

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JAMESTOWN Tallhassee 1, L.P.

(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:

Wendy Chambers

(Contact Person)

JAMESTOWN

(Firm/Company)

675 Ponce de Leon Ave., NE, 7th FL

(Address)

Atlanta, GA 30308

(City, State and Zip Code)

For further information concerning this matter, please call:

Wendy Chambers at ( 770 ) 805-1017

(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

**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

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

**JAMESTOWN Tallahassee 1, L.P.**

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

**B06000000465**

(Florida Document Number of the Foreign LP or LLLP)

**Delaware**

(Jurisdiction of formation)

**12/15/2006**

(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:



Typed or printed name:

**Matt Bronfman**, *President of JT Tallahassee I, LLC,*  
*The general partner*

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

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16 NOV -7 PM 15:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA