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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone

: (850)878-5368 Fax Number

DISS/TERM/CANCEL/REV OF LP/LLP SF 103 MIRAMAR II LIMITED PARTNERSHIP

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C. LEWIS

DEC 2 0. 2011

**EXAMINER** 

## COVER LETTER

TO: Registration	n Section		
	Corporations		• *
	Miramar II Limited Partne		2. 17
(Name o	f Poreign Limited Pariners	hip or Limited Liability Lin	nned rarmership)
The enclosed Notice	e of Cancellation and	fee(s) are submitted for	r filing.
Please return all co	rrespondence concerni	ing this matter to:	
	(Contact Person)		٠
	(Firm/Company)		
	(Address)		
	·		
	(City, State and Zip Code)	)	
For further informa	tion concerning this m	natter, please call:	
		at ()	
(Name of Cor	itact Person)	(Area Code and I	Saytime Telephone Number)
Enclosed is a check	for the following amo	ount;	
\$52.50 Filing Fee	\$61.25 Filing Pee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRE	SS:	MAILING.	ADDRESS:
Registration Section		Registration	
Division of Corporations			Corporations
Clifton Building		P. O. Box 63	
2661 Executive Cer		Tallahassee,	FL 32314
Tallahassee, FL 32	301		

FILED

2811 DEC 19 AM 8: 80

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SF 103 M	firamar II Limited Partnership
(Name of limited partne	ership or limited liability limited partnership)
	Delaware B07000000241
. (Ju	risdiction of formation)
	08/01/2007
(Date authoriz	2ed to transact business in Florida)
	imited liability limited partnership is no longer vishes to cancel its certificate of authority pursuant to
This entity appoints the Florida Deparights of action arising out of the tran	artment of State as its agent for service of process for assection of business in this state.
Effective date, if other than the date (Effective date cannot be prior to nor more a Department of State.)	of filing:
Signature of a general partner:	
Maria & Med	edy
Typed or printed name:	O .
Marcia L. Moody, Assistant Scoretary	(SF101 apartments apric its
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 general partner \$52.50 \$87.5