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J. BRYAN

SEP 1 4 2010

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: Surf City Plaza, A Li	mited Partnership		
	ship or Limited Liability Limited Partnership)		
The enclosed Notice of Cancellation and	fee(s) are submitted for filing.		
Please return all correspondence concern	ning this matter to:		
	TAE O		
Donna Dickens			
(Contact Person)	SEP 13 PM 1: 08 LANASSEE, FLORIT		
ZIMMER AND ZIMMER, L.L.F	SEE P		
(Firm/Company)	TU Z		
Post Office Box 2628			
(Address)	DE O		
Wilmington, NC 28402			
(City, State and Zip Code	e)		
For further information concerning this r	natter, please call:		
Donna Dickens	_{at (} 910 ₎ 763-4669 x 204		
(Name of Contact Person)	(Area Code and Daytime Telephone Number)		
Enclosed is a check for the following am	ount:		
\$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee \$113.75 Filing Fee, Certified Copy, and Certificate of Status		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations P. O. Box 6327		
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314		
Tallahassee El 32301	· · · · · · · · · · · · · · · · · · ·		

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

Surf City Plaza A Limited F	artnership		
(Name of limited partne	ership or limited lia	ability limited partnership)	
North Carolina			
(Ju	risdiction of forma	ation)	
June 25, 2008			
(Date authoriz	zed to transact busi	iness in Florida)	
This foreign limited partnership or litransacting business in Florida and was. 620.1907, F.S. This entity appoints the Florida Departishes of action arising out of the transfective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	vishes to cancel artment of State insaction of busi of filing:	its certificate of authority pure as its agent for service of priness in this state.	rocess for
Signature of a general partner: By: Oakboro Shopping Center Typed or printed name: Jeffrey L. Zimmer, Preside Filing Fee: Certified Copy (optional): Certificate of Status (optional):		-	10 SEP 13 PM 1: 08 SECKETARY OF STATE TALLAHASSEE, FLORIDA