

130900000195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

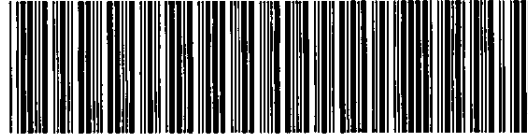
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/05/15--01034--023 **52.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 17 2015
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2015

JEANNIE MCDOLE
1575 NORTHSIDE DR BLDG 100, STE 200
ATLANTA, GA 30318

SUBJECT: RJ TALLAHASSEE, L.P.
Ref. Number: B09000000195

We have received your document for RJ TALLAHASSEE, L.P. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 015A000009743

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RS Tallahassee, LP
(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:

Seannie McBole

(Contact Person)

TriBridge Residential

(Firm/Company)

1575 Northside Dr Bldg 100 Ste 200

(Address)

Atlanta, GA 30318

(City, State and Zip Code)

For further information concerning this matter, please call:

Seannie McBole

(Name of Contact Person)

at (404) 367-6597

(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

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TALLAHASSEE, FLORIDA

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

BJ Tallahassee, LP

(Name of limited partnership or limited liability limited partnership)

DE

(Jurisdiction of formation)

12/16/2009

(Date authorized to transact business in Florida)

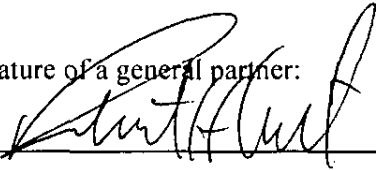
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

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.)

Signature of a general partner: _____



Typed or printed name: _____

Robert H. West

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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