## B1200000103

(1	Requestor's Name)	
(,	Address)	
(/	Address)	
	City/State/Zip/Phone #)	
(1	City/State/Zip/Prione #)	
PICK-UP	WAIT MA	IL.
(I	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of Status	
Special Instructions	to Filing Officer:	
<u></u>	۷0 م	
MH 9: U		
	ù n	
RECEIR	Office Use Only	
= 3=	L	



400298343934

05/02/17--01017--001 \*\*52.50



MAY 0 , 2025 J SHIVERS

## **COVER LETTER**

TO:	Registration S Division of C					
SUBJ	ECT: Sheri	man-Kingsbrid	ge Texas,	L.P.		
		Foreign Limited Partnershi			ed Partnership)	
The en	nclosed Notice	of Cancellation and fe	ee(s) are submit	ted for t	filing.	
Please	return all corr	espondence concernin	g this matter to:	:		
Mar	ilyn Roths	schild/Emily Ka	rtsounis	_		
_		(Contact Person)				
She	rman-Kings	sbridge Texas, L	P.			
		(Firm/Company)				
172	5 McGove	ern Avenue, Su	ite 200			
		(Address)				
High	nland Parl	k, IL 60035-328	32			
	(	City, State and Zip Code)				
For fu	rther informati	on concerning this ma	tter, please call:			
Mar	ilyn Roths	schild	_at (847	,432	2-3666	
	(Name of Conta	act Person)			ytime Telephone Number)	
Enclos	sed is a check t	for the following amou	ınt:			
<b>■</b> \$52	.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Fili and Certified Co		\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STRE	ET ADDRES	S:	MAII	LING A	ADDRESS:	
Registration Section		Registration Section				
Division of Corporations Clifton Building			Division of Corporations P. O. Box 6327			
2661 Executive Center Circle			Tallahassee, FL 32314			
Tallah	assee, FL 323	01				

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

Shermar	ı-Kingsbridge Texa	s, L.P.
(Name of foreign limit	ed partnership or limited liabili	ty limited partnership)
	B1200000103	
(Florida Docume	t Number of the Foreign LP o	r LLLP)
	Texas	model (R.
(J	risdiction of formation)	<b>建門</b>
1	/lay 24, 2012	
(Date author	zed to transact business in Flor	rida)
This foreign limited partnership or latransacting business in Florida and s. 620.1907, F.S.		
This entity appoints the Florida Deprights of action arising out of the tra		
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)		s document is filed by the Florida
NOTE: If the date inserted in this requirements, this date will not be led Department of State's records.		
Signature of a general partner:		
Typed or printed name:		
Susan Wagner, Preside	ent of GP	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	