(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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NOV 0 2 2017 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee FL 32301

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 892325 5021613						
AUTHORIZATION: Sypulation						
COST LIMIT : \$(52\.50						
ORDER DATE: October 31, 2017						
ORDER TIME : 11:05 AM						
ORDER NO. : 892325-005						
CUSTOMER NO: 5021613						
FOREIGN FILINGS						
NAME: 3650 DESIGN PLAZA LP						
CORPORATE XX LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY						
XXXX WITHDRAWAL/CANCELLATION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS						

EXAMINER:

CONTACT PERSON: Roxanne Turner - EXT#

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 892325 5021613
AUTHORIZATION :
COST LIMIT : \$ 52.50
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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS
CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER:

COVER LETTER

TO: Registration Division of	Section Corporations					
SUBJECT: 365	0 Design Plaz	a LP				
	Foreign Limited Partnershi		ity Limi	ted Partnership)		
The enclosed Notic	e of Cancellation and fe	ee(s) are submit	ted for	filing.		
Please return all con	respondence concernin	g this matter to:				
Jacquelyn V	Verner		_			
	(Contact Person)					
Wexford Capita			_			
(Firm/Company)						
411 West Putnam Ave, Suite 125						
	(Address)					
Greenwich	CT 06830					
	(City, State and Zip Code)		_			
For further information concerning this matter, please call:						
Jacquelyn Werner		_{at (} 203	₃ 862	2-7000		
(Name of Con	tact Person)		e and Da	ytime Telephone Number)		
Enclosed is a check	for the following amou	ınt:				
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	S105.00 Fili and Certified Co		S113.75 Filing Fee, Certified Copy, and Certificate of Status		
STREET ADDRESS: MAILING ADDRESS:				ADDRESS:		
Registration Section		Registration Section				
Division of Corpora Clifton Building	Division of Corporations P. O. Box 6327					
2661 Executive Cer	Tallahassee, FL 32314					
Tallahassee, FL 32						

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

3650 Design Plaza LP
(Name of foreign limited partnership or limited liability limited partnership) B1300000102
(Florida Document Number of the Foreign LP or LLLP)
Delaware
(Jurisdiction of formation)
April 3, 2013
(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: By: Design District Advisors UL
Typed or printed name:
Arthur Amron Vice President + Assist Secretary
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75