

BIBLIOLIS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

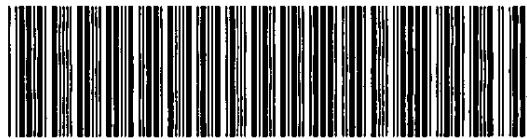
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 JUL - 8 PM 12: 00  
CLERK OF STATE  
AND TREASURER  
FLORIDA

JUL 09 2014  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2014

BRIAN BURKE  
3333 MENDOCINO AVE, STE 110  
SANTA ROSA, CA 95403

SUBJECT: PCL PROPERTIES 1, LP  
Ref. Number: B13000000185

We have received your document for PCL PROPERTIES 1, LP and your check(s) totaling \$25.00. 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.

The fee to file your document is \$52.50. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

There is a balance due of \$27.50.

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: 114A00013066

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2014 JUL -8 PM 12:00

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PCL PROPERTIES I, 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:

BRIAN BURKE  
(Contact Person)  
PRAXIS CAPITAL, LLC  
(Firm/Company)  
3333 MENDOCINO AVE, STE 110  
(Address)  
SANTA ROSA, CA. 95403  
(City, State and Zip Code)

For further information concerning this matter, please call:

BRIAN BURKE at (707) 541-0570  
(Name of Contact Person) (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

FILED  
2014 JUL -8 PM 12:00  
CLERK OF STATE  
TALLAHASSEE FLORIDA

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

PCL PROPERTIES I, LP

(Name of limited partnership or limited liability limited partnership)

FL

(Jurisdiction of formation)

6/18/13

(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:

Brian Burke

Typed or printed name:

BRIAN BURKE

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

SECRETARY OF STATE  
TREASURER OF FLORIDA

2014 JUL -8 PM 12:00

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