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(Re	questor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					





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K.SALY EXAMINER DEC 23 2015

COVER LETTER

TO: Registratio	n Section f Corporations					
Division 0	Corporations					
SUBJECT: DOLPHIN COMMUNITY PARTNERS LP (Name of Foreign Limited Partnership or Limited Liability Limited Partnership)						
(14ame	or rototgu Littated rangesi	np or Emilieu Liai	niity Liii	ned I arthership)		
The enclosed Noti	ce of Cancellation and	fee(s) are subm	itted for	filing.		
Please return all co	orrespondence concerni	ng this matter to	o:			
MICHAEL BELLMA	N	_				
	(Contact Person)					
COMMUNITY PART	TNERS (USA) GP INC.					
	(Firm/Company)					
638 E ATLANTIC A						
	(Address)					
DELRAY BEACH, FL 33483						
	(City, State and Zip Code)	1				
For further information concerning this matter, please call:						
MICHAEL BELLMAN		at (416) 817-)817-6011		
(Name of Co			ode and D	aytime Telephone Number)		
Enclosed is a check for the following amount:						
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Fili and Certified C		\$113.75 Filing Fee, Certified Copy, and Certificate of Status		
STREET ADDRESS:		MAILING ADDRESS:				
Registration Section		Registration Section				
Division of Corporations Clifton Building		Division of Corporations P. O. Box 6327				
2661 Executive Center Circle		Tallahassee, FL 32314				
Tallahassee, FL 3	2301					

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR



LIMITED LIABILITY LIMITED PARTNERSHIP

DOLPHIN COMMUNITY PARTNERS LP

(Name of limited partnership or limited liability limited partnership)

DELAWARE

(Jurisdiction of formation)

NOVEMBER 27, 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: DECEMBER 31, 2015

(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

Typed or printed name:

Michael Bellman, Treasurer and Assistant Secretary

Filing Fee:

\$52.50

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75