

01400000000 IS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

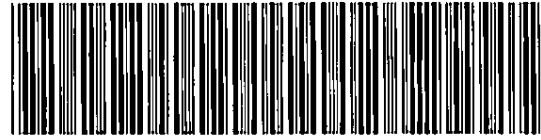
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300354524623

2020 OCT 30 PM 1:05
2020 OCT 30 AM 8:37
FILED
STATE OF FLORIDA
TALLAHASSEE, FL

2020 OCT 30

PLEASE FILE THE LP PRIOR TO THE LLC

CT CORP

**3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724**

Date: 10/30/2020

Acc#I20160000072

eric DW

Name:	PX BROOKS VILLAGE LP
Document #:	
Order #:	13330444 - 42

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **52.50**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PX Brooks Village 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:

Glynis Davis

(Contact Person)

H&R REIT

(Firm/Company)

3625 Dufferin Street, Suite 500

(Address)

Toronto, Ontario M3K 1N4

(City, State and Zip Code)

For further information concerning this matter, please call:

Joe Torchedlo _____ at (312 _____) 288-3522
(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

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

PX Brooks Village LP

(Name of limited partnership or limited liability limited partnership)

Delaware

(Jurisdiction of formation)

07/09/2013

(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.)

Signature of a general partner:

Typed or printed name:

Thomas Hofstedter, Authorized Person for PX Brooks Village GP LLC, General Partner

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

2020 OCT 30 AM 8:37
STATE OF FLORIDA
TALLAHASSEE, FL

FILED