DISOLUDIAL DEST

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| ☐ WAIT | MAIL | | |
| usiness Entity Nan | ne) | | |
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| Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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SECRETARY OF STATE
AHASSEE FLORIDA

J. HARRIS

COVER LETTER

| TO: Registration S Division of C | | | |
|---|--|--|--|
| | nport Palmbay | | |
| (Name of F | oreign Limited Partnership | or Limited Liability Lim | ited Partnership) |
| The enclosed Notice | of Cancellation and fe | e(s) are submitted for | filing. |
| Please return all corre | espondence concerning | g this matter to: | |
| Joyce Bielen | | | |
| | (Contact Person) | | |
| High Street Re | alty Company | | |
| " " " " " " " " " " " " " " " " " " " | (Firm/Company) | | |
| 53 State Stre | et, 26th Floor | | |
| | (Address) | | |
| Boston, MA C | 2109 | | |
| (0 | City, State and Zip Code) | | |
| | | | |
| For further information | on concerning this ma | | |
| Joyce Bielen | | _ _{at (} 617) 73 | 7-4518 |
| (Name of Conta | ct Person) | | aytime Telephone Number) |
| Enclosed is a check f | or the following amou | int: | |
| \$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 | S: | MAILING | ADDRESS: |
| Registration Section | | Registration Section | |
| Division of Corporations Division of Corporations | | | |
| Clifton Building P. O. Box 6327 | | | |
| 2661 Executive Cente | | Tallahassee, | FL 32314 |
| Tallahassee, FL 3230 | זו | | |

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

| Southport Palmbay Investors, LP |
|--|
| (Name of foreign limited partnership or limited liability limited partnership) B1500000124 |
| (Florida Document Number of the Foreign LP or LLLP) |
| Delaware |
| (Jurisdiction of formation) |
| 05/13/15 |
| (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: 05/25/17 (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 fiting 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: Typed or printed name: |
| Typed or printed name: |
| HSRE Fund IV GP, LLC |

\$52.50 \$52.50 \$8.75

Filing Fee: Certified Copy (optional): Certificate of Status (optional):