

B15000000138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

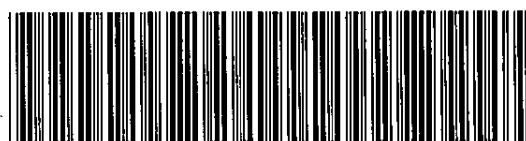
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700273368027

RECEIVED
DEPARTMENT OF STATE
15 JUN - 8 AM 11:04
TO ACQUIRE DUE
SUFFICIENCY OF FILING

FILED
2015 JUN - 8 A 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 09 2015

D. BRUCE

* File second
do not separate
please x

ACCOUNT NO. : I20000000195
REFERENCE : 659452 4312468
AUTHORIZATION : *[Signature]*
COST LIMIT : \$52,50

ORDER DATE : June 5, 2015
ORDER TIME : 9:04 AM
ORDER NO. : 659452-030
CUSTOMER NO: 4312468

FOREIGN FILINGS

NAME: ASHFORD HARBOUR ISLAND LP

☐ CORPORATE
☒ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: _____

FILED
2015 JUN - 8 A 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ashford Harbour Island 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:

(Contact Person)

(Firm/Company)

(Address)

(City, State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person)

at (_____) _____

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JUN -8 A 9:14

FILED

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

Ashford Harbour Island LP

(Name of limited partnership or limited liability limited partnership)

Delaware

(Jurisdiction of formation)

May 22, 2015

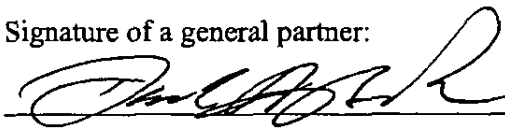
(Date authorized to transact business in Florida)

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:

David A. Brooks, President of Ashford Harbour Island GP LLC, its general partner

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

2015 JUN - 8 A 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED