## B15000000169

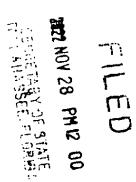
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming officer.

Office Use Only



500398070405 Offictive date 12-31-22

11/28/22--01016--016 \*\*25.00



A. RAMSEY

MAR 0 € 2023

¥00678,00524,00671



February 21, 2023

RANDALL KELLA SOUTHERN CENTERS 1500 CORDOVA ROAD #310 FT. LAUDERDALE, FL 33316

SUBJECT: SOUTHERN CENTERS ASSOCIATES I. LP

Ref. Number: B15000000169

We have received your document for SOUTHERN CENTERS ASSOCIATES I, LP and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$27.50.

The form that you submitted is incorrect. It is for a limited liability company and your entity is a foreign (out of state) limited partnership. I have enclosed the correct form.

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) 245-6823.

Annette Ramsey OPS

MAK - 2 2023

Letter Number: 623A00004113

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: SOU	JTHERN CENTER	S ASSOCIAT	CES I, LP
	gn Limited Partnership	or Limited Liab	lity Limited Partnership)
The enclosed Notice of C	Cancellation and fe	e(s) are submit	tted for filing.
Please return all correspo	ondence concerning	g this matter to	:
RAD	NDALL KELLA		
((	Contact Person)		<del></del>
SOU	JTHERN CENTER	S	_
	Firm/Company)		
15(	00 CORDOVA RO	AD, #310	
FT	(Address) LAUD, FL 33	316	
(City,	State and Zip Code)		_
For further information of	oncerning this mat	ter, please call	:
RANDALL KELLA		95 <b>4</b> at (	523-4008
(Name of Contact Pe	erson)		de and Daytime Telephone Number)
Enclosed is a check for the	ne following amou	nt:	
S52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	S105.00 Fil and Certifie	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

FILED

## NOTICE OF CANCELLATION FOR

## FOR FOREIGN LIMITED PARTNERSHIP NOV 28 PM 2 00 OR LIMITED LIABILITY LIMITED PARTNERS HIE 146 Y OF STATE

SOUTH	ERN CENTERS ASSOCIATES I, LP
(Name of	foreign limited partnership or limited liability limited partnership)
	B1500000169
(	Florida Document Number of the Foreign LP or LLLP)
;	DELAWARE USA
	(Jurisdiction of formation)
	06/19/2015
	(Date authorized to transact business in Florida)
This foreign limited patransacting business in s. 620.1907, F.S.	artnership or limited liability limited partnership is no longer Florida and wishes to cancel its certificate of authority pursuant to
	e Florida Department of State as its agent for service of process for out of the transaction of business in this state.
Effective date, if other (Effective date cannot be p Department of State.)	than the date of filing: 12/31/2022 rior to nor more than 90 days after the date this document is filed by the Florida
NOTE: If the date instruction requirements, this date Department of State's	serted in this block does not meet the applicable statutory filing will not be listed as the document's effective date on the records.
Signature of a general	
Typed or printed name	): ::
RANDALL KELL	4
Filing Fee:	\$52.50

\$52.50

\$8.75

Certified Copy (optional):

Certificate of Status (optional):