## B160000000059

(Re	equestor's Name)				
(Ac	ddress)	<del>.</del>			
(Ac	ddress)				
(Cı	ty/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL			
(Bı	usiness Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					

Office Use Only



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CORPORATION SERVICE COMPANY
1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 521988 8038825						
AUTHORIZATION: Spellice man						
COST LIMIT : \$ 52.50						
ORDER DATE: November 18, 2020						
ORDER TIME : 12:37 PM						
ORDER NO. : 521988-005						
CUSTOMER NO: 8038825						
FOREIGN FILINGS						
NAME: PROGRESS RESIDENTIAL, L.P.						
CORPORATE  XX LIMITED PARTNERSHIP  LIMITED LIABILITY COMPANY						
XXXX WITHDRAWAL/CANCELLATION						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF STATUS						

CONTACT PERSON: Amanda Robinson - EXT# 62968

EXAMINER:

## **COVER LETTER**

TO: Registration S Division of C					
SUBJECT: Progress	Residential, LP				
	oreign Limited Partnershi	p or Limited Liabilit	y Limited Partnership)		
The enclosed Notice	of Cancellation and fe	ec(s) are submitte	ed for filing.		
Please return all corre	espondence concernin	g this matter to:			
Robyn Moline					
	(Contact Person)		-		
Progress Residential					
-	(Firm/Company)		-		
PO BOX 4090					
	(Address)		-		
Scottsdale, AZ 85256					
((	City, State and Zip Code)		•		
	•				
For further information	on concerning this ma	tter, please call:			
Robyn Moline		at ( 480	) <sup>459-2446</sup>		
(Name of Conta	ct Person)	_ `` \	and Daytime Telephone Number)		
Enclosed is a check for	or the following amou	ınt:			
S52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified			
Mailing Address:		Street A	Address:		
Registration Section			Registration Section		
Division of Corporations			Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 3231	4		. Monroe Street, Suite 810		
		i anana	ssee, FL 32303		

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

Progress Residential, LP			
(Name of foreign limited	partnership or limit	ed liability limited partnership	p)
B16000000059			
(Florida Docum	nent Number of the	Foreign LP or LLLP)	
Delaware			
(	Jurisdiction of form	ation)	<del></del>
03/18/2016			
(Date autho	orized to transact bus	iness in Florida)	<del>-</del>
This foreign limited partnership or transacting business in Florida and s. 620.1907, F.S.	limited liability wishes to cance	limited partnership is no I its certificate of authori	longer ty pursuant to
This entity appoints the Florida De rights of action arising out of the tr	partment of State ransaction of bus	e as its agent for service of iness in this state.	of process for
Effective date, if other than the dat (Effective date cannot be prior to nor mor Department of State.)		the date this document is file	d by the Florida
NOTE: If the date inserted in this requirements, this date will not be Department of State's records.			
Signature of a general partner:			
Tul		_	
Typed or printed name:			
Travis Chester		_	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		
Certificate of Status (optional):	\$8.75		