

CSC TRANSOL

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone : (850)521-0821

Fax Number

: (850)558-1515

DISS/TERM/CANCEL/REV OF LP/LLP LCA VISTA HAVEN, LP

Certificate of Status	0
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Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

Help

A Company of the Comp

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LCA Vista Haven, LP		
(Name of Foreign Limited Partn	ership or Limited Liability Limited Partnership)	
The enclosed Notice of Cancellation ar	nd fee(s) are submitted for filing.	
Please return all correspondence conce	rning this matter to:	
Adrienne A. Ciancetta		
(Contact Person)		
Lakeside Capital Advisors LP		
(Firm/Company)		
30. S. Wacker Dr. Ste 2750		
(Address)		
Chicago, IL 60606		
(City. State and Zip Co	ode)	
For further information concerning thi	s matter, please call:	
Adrienne A. Ciancetta	at (312) 879-7548	
(Name of Contact Person)	(Area Code and Daytime Telephone Number)	
Enclosed is a check for the following amount:		
S52.50 Filing Fee S61.25 Filing F and Certificate Status		
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	

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

LCA Vista Haven, LP			
B16000000210			
	nt Number of the	Foreign LP or LLLP)	
Delaware			
(L)	urisdiction of form	nation)	
09/23/2016			
(Date author	ized to transact bu	siness in Florida)	
s. 620.1907, F.S.	wishes to cance	el its certificate of authority pursuant to	
This entity appoints the Florida Deprights of action arising out of the tra	partment of Sta unsaction of bu	te as its agent for service of process for siness in this state.	
Department of State.)	e than 90 days afte	er the date this document is filed by the Florida	
NOTE: If the date inserted in this requirements, this date will not be I Department of State's records.	block does not isted as the doc	meet the applicable statutory filing (7) cument's effective date on the	
Signature of a general partner:		LCA Vista Haven, LP By: Lakeside Capital GP LLC, its General Partner	
Typed or printed name: Michael J. Hornbrook, President	By: Lakeside Capital Advisors LP, its Sole By: LCA GP LLC, a General Partner By: Michael J. Hornbrook, its President		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52,50 \$52,50 \$8,75		