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(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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TO:	Registration Division of C				
SUBJ	FCT: TOVAH	REALTY (LB MCLEOD	COMMERCI	ECENTER FI	.ORIDA) ADA COMPLIAN
SODO		Foreign Limited Partnershi	p or Limited	Liability Limi	ted Partnership)
The er	nclosed Notice	of Cancellation and fe	ee(s) are sul	bmitted for	filing.
Please	return all corr	espondence concernin	g this matte	er to:	
Mira L	afferton				
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For fu	rther informati	on concerning this ma	itter, please	call:	
	afferton		972	733-6	944)
	(Name of Conta	act Darcon)	at ()	nytime Telephone Number)
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Enclo:	sed is a check t	for the following amou	int:		
□ \$52	.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		9 Filing Fee rtified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		R D T 24	he Centre o	Section Corporations f Tallahassee roe Street, Suite 810	

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

		LORIDA) ADA COMPLIANT LIMITED PA
	artnership or limite	d liability limited partnership)
B1800000046		
(Florida Docume	nt Number of the F	oreign LP or LLLP)
DELAWARE		
(Ju	urisdiction of forma	ition)
02/22/2018		
(Date authori	zed to transact bus	ness in Florida)
This foreign limited partnership or l transacting business in Florida and v s. 620.1907, F.S.	imited liability l wishes to cancel	imited partnership is no longer its certificate of authority pursuant to
This entity appoints the Florida Deprights of action arising out of the tra		as its agent for service of process for ness in this state.
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	of filing: than 90 days after	the date this document is filed by the Florida
NOTE: If the date inserted in this be requirements, this date will not be li Department of State's records.	block does not n sted as the docu	neet the applicable statutory filing ment's effective date on the
Signature of a general partner:		
I sed Thate		-
Typed or printed name:		`
LB MCLEOD COMMERCE CENTER FL	ORIDA GP LLC	_
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	;;; ;;