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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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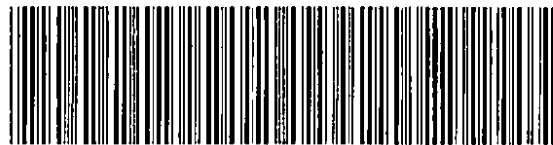
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TAURUS CD 200 ORLANDO RESIDENTIAL I 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:

Michael Bean

(Contact Person)

Taurus Investment Holdings, LLC

(Firm/Company)

600 Northlake Blvd., Suite 130

(Address)

Altamonte Springs, FL 32701

(City, State and Zip Code)

For further information concerning this matter, please call:

Michael Bean

at ( 407 ) 5392310

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of 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**

TAURUS CD 200 ORLANDO RESIDENTIAL I LP

(Name of foreign limited partnership or limited liability limited partnership)

B18000000258

(Florida Document Number of the Foreign LP or LLLP)

Delaware

(Jurisdiction of formation)

09/18/2018

(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: upon receipt

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the F Department of State.)

**NOTE:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:

Nancy Scotton

TAURUS CD 200 ORLANDO RESIDENTIAL I GP LLC

Typed or printed name:

Nancy Scotton

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