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Name:	ORLANDO LEASED HOUSING ASSOCIATES IX, LLLP
Document #:	
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COVER LETTER

TO: Registration			
Division of	Corporations		
SUBJECT: Orland (Name o	o Leased Housing Associat f Foreign Limited Partnersl	es IX, LLLP hip or Limited Liability Lin	nited Partnership)
The enclosed Notic	ce of Cancellation and	fee(s) are submitted for	filing.
Please return all co	rrespondence concerni	ing this matter to:	
Kristin Proctor			
	(Contact Person)		
Winthrop & Weinstine	e, P.A.		
	(Firm/Company)		
225 South Sixth Street	Suite 3500		
	(Address)	***************************************	
Minneapolis, MN 554	.02		
	(City, State and Zip Code))	
For further informa	ation concerning this m	atter, please call:	
Kristin Proctor		at (612) 604	-6400
(Name of Contact Person)		(Area Code and I	Daytime Telephone Number)
Enclosed is a check	c for the following amo	ount:	
S52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	■ \$105.00 Filing Fee and Certified Copy	S113.75 Filing Fee. Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Center Circle		Tallahassee.	, FL 32314
Tallahassee, FL 32	2301		

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

Orlando Leas	sed Housing Associates IX, LLLP	
(Name of limited partn	ership or limited liability limited partnership)	
	Minnesota	
(Jt	orisdiction of formation)	
	November 15, 2018	
(Date authori	zed to transact business in Florida)	
This foreign limited partnership or l transacting business in Florida and v s. 620.1907, F.S.	imited liability limited partnership is no vishes to cancel its certificate of author	o longer ity pursuant to
This entity appoints the Florida Deprights of action arising out of the tra	artment of State as its agent for service nsaction of business in this state.	of process for
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 fil	ed by the Florida
Signature of a general pariner		
Typed or printed name:		
Mark S. Moorhouse, Senior Vice Presiden	t of	
Orlando Leased Housing As: Filing Fee: Certified Copy (optional): Certificate of Status (optional):	sociates SPE IX, LLC, its General Partner \$52.50 \$52.50 \$8.75	SECRE I