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#### **COVER LETTER**

TO: Registration Section **Division of Corporations** SUBJECT: ST. LUCIE CLUB AFFORDABLE HOUSING PARTNERS, L.P., LTD. (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: Kristy J. White (Contact Person) AHG GROUP (Firm/Company) 700 West Morse Boulevard, Suite 220 (Address) Winter Park, Florida 32789 (City, State and Zip Code) For further information concerning this matter, please call: Kristy J. White (Area Code and Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: \$52.50 Filing Fee \$61.25 Filing Fee **✓** \$105.00 Filing Fee ☐ \$113.75 Filing Fee, and Certificate of and Certified Copy Certified Copy, and Status Certificate of Status

#### STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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

### ST. LUCIE CLUB AFFORDABLE HOUSING PARTNERS, L.P., LTD.

(Name of limited partnership or limited liability limited partnership)

California		
(J	urisdiction of formation)	
August 24, 1993		
(Date author	rized to transact business in Florida)	
This foreign limited partnership or transacting business in Florida and s. 620.1907, F.S.		
This entity appoints the Florida Deprights of action arising out of the tra	·	•
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	e of filing: e than 90 days after the date this docum	nent is filed by the Florida
Signature of a general partner:		15 JAN -6 SECRETAR) TALLAHASSI
By: SAS St. Lucie Club Managers, LLC, a FL limited lia By: Southern Affordable Services, Inc., a FL not-for-p By: Jay P. <u>Bro</u> ck, Executive Vice President		
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Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	9:58 PAFE ORIDA
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