## B9300000420

(Red	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certified Copies Certificates of Status			
Special Instructions to F	iling Officer:			

Office Use Only



04/23/15--01006--003 \*\*27.50

000271438900 03/24/15-01007--025 \*\*25.00

FILED

15 APR 17 PM 3: 22

SEGNERAL AND ADDRESSED ADDRESSED AND ADDRESSED AND ADDRESSED AND ADDRESSED AND ADDRESSED AND ADDRESSED ADDRESSED ADDRESSED ADDRESSED ADDRESSED ADDRESSED AND ADDRESSED ADDRESSED ADDRESSED

neitales no D

## **COVER LETTER**

TO: Registration Division of O				
SUBJECT: CON	nputer City	Tampa L. ip or Limited Liability Lim	ited Partnership)	
The enclosed Notice	of Cancellation and f	ee(s) are submitted for	filing.	
Please return all corr	respondence concernir	ng this matter to:		
Gr	eer Hughes			
McWhirt	(Contact Person)  U (Quity)	Partners, LCC	•	
8709 Ca	(Firm/Company)	d 8124	10	Pe 3
Mari	(Address)  City, State and Zip Code)	30060		
(	City, State and Zip Code)			1 "173
For further informat	ion concerning this ma	atter, please call:	_	္ဆဲ
Greer Hu	nha	_at (1678) 35	15-27-16	
(Name of Cont	acl Person)	(Area Code and D	aytime Telephone Nu	ımber)
Enclosed is a check	for the following amo	unt:		
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing I Certified Copy, an Certificate of State	ıd
STREET ADDRESS: Registration Section Division of Corporations		MAILING A Registration Division of C P. O. Box 63	Section Corporations	
Clifton Building 2661 Executive Cen Tallahassee, FL 323		Tallahassee,		



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2015

GREER HUGHES MCWHIRTER REALTY PARTNERS LLC 709 CANTON ROAD, STE 240 MARIETTA, GA 30060

SUBJECT: COMPUTER CITY TAMPA L.P.

Ref. Number: B93000000420

We have received your document for COMPUTER CITY TAMPA L.P. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong partnership form. Please complete the attached form for an out of state limited partnership cancellation form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 815A00006261

15 ## 17 PH 3:21

1

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

Computer City Tampa C.P.
(Name of limited partnership or limited liability limited partnership)
Georgia
(Jurisdiction of formation)
9/30/1993
(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:  (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
Signature of a general partner:
<u> </u>
Typed or printed name:  Burn EM-Whi Hay
Filing Fee:  Certified Copy (optional):  S52.50  S52.50  A Keady Paid  #25.00  Certificate of Status (optional):  \$8.75
Certificate of Status (optional): \$8.75 \$27.50 is enclosed