

B 94 00 00 00 408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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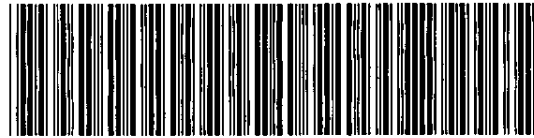
(Business Entity Name)

(Document Number)

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13 SEP -5 AM 10:26  
SECONDARY DEPT. OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers SEP 06 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 788388 4321252

AUTHORIZATION :

COST LIMIT : \$ 52.50

*[Handwritten signature]*

ORDER DATE : September 5, 2013

ORDER TIME : 2:26 PM

ORDER NO. : 788388-020

CUSTOMER NO: 4321252

FOREIGN FILINGS

NAME: SOUTHEAST BRITTANY/BAY CLUB  
LIMITED PARTNERSHIP

☐ CORPORATE  
☒ LIMITED PARTNERSHIP  
☐ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER: \_\_\_\_\_

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

Southeast Brittany/Bay Club Limited Partnership

(Name of limited partnership or limited liability limited partnership)

Delaware

(Jurisdiction of formation)

October 11, 1994

(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: 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: \_\_\_\_\_

Typed or printed name: \_\_\_\_\_

Southern Tier Brittany Incorporated, By: Suzanne Abair, Secretary

<b>Filing Fee:</b>	<b>\$52.50</b>
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

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