

# B95000000228

Requestor Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

300003312973--2  
-07/05/00--01067--007  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
00 JUL -7 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B95-228

7/7



JUN 15 2000

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 13, 2000

LENNAR MAYFAIR LIMITED PARTNERSHIP  
101 MARIETTA STREET, SUITE 3600  
ATLANTA, GA 30303

SUBJECT: LENNAR MAYFAIR LIMITED PARTNERSHIP  
Ref. Number: B95000000228

We have received your document for LENNAR MAYFAIR LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the attached Certificate of Cancellation for this limited partnership.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Registration/Qualification Section  
Division of Corporations Letter Number: 200A00033566

**CERTIFICATE OF CANCELLATION  
FOR**

Lennar Mayfair Limited Partnership

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.

  
(Signature of a General Partner)

Mark Griffith

(Typed or Printed name of General Partner Signing Above)

STATE OF Florida Georgia

COUNTY OF Cherokee

On this 21<sup>st</sup> day of June, 19 2000  
personally appeared before me,

- ☒ who is personally known to me  
☐ whose identity I proved on the basis of \_\_\_\_\_

FILED  
00 JUL -7 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Notary Public Signature

Tammy L Roberts  
Notary's Printed Name

Seal

My Commission Expires: \_\_\_\_\_

Notary Public, Cherokee County, Georgia  
My Commission Expires February 9, 2004