Division of Corporations Electronic Filing Cover Sheet

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(((H13000278794 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092

: (850)878-5368 Fax Number

DISS/TERM/CANCEL/REV OF LP/LLP ARVIDA - SAWMILL LAKES MANAGERS, LIMITED **PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

COVER LETTER

		*			
то:	Registration Section Division of Corporations				
SUBJ	ECT: Arvida - (Name of	Sawmill Lakes Managers, Foreign Limited Partnersh	Limited Par ip or Limited Liab	rtaer ility Limi	sh; p ited Partnership)
The e	nclosed Notice	of Cancellation and f	ec(s) are submi	tted for	filing.
Please	e return all con	respondence concernir	ng this matter to) :	
Karla .	J. Ramirez			_	·
		(Contact Person)			
Pirche	r, Nichols & Mee		·		
		(Firm/Company)			
900 N	Michigan Ave.,	Ste. 1000			
		(Address)			
Chica	go, TL 60611				
		(City, State and Zip Code)	_		
For fo	urther informa	tion concerning this m	atter, please cal	H:	
Karla	J. Ramirez		at (312	915	-3138
	(Name of Con	tact Person)	(Area Co	ode and D	Daytime Telephone Number)
Enclo	sed is a check	for the following amo	unt:		
₭ \$52	.50 Filing Fee	\$61.25 Filling Fee and Certificate of Status	\$105.00 Fil and Certified		\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STR	EET ADDRE	SS:	MA	ILING	ADDRESS:
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building		P. O. Box 6327			
2661 Executive Center Circle		Tallahassee, FL 32314			
Talla	hassee, FL 32	301			

APPROVEU
AND
FILED (3/3)

13 DEC 19 AMII: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

Arvida - S	Sawmill Lakes Managers, Limited Partnership
	ership or limited liability limited partnership)
(Ju	Delaware B9600000091
	6/4/1996
(Date authoriz	ized to transact business in Florida)
	imited liability limited partnership is no longer wishes to cancel its certificate of authority pursuant to
This entity appoints the Florida Deprights of action arising out of the tra	partment of State as its agent for service of process for ansaction of business in this state.
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 document is filed by the Florida
Signature of a general partner:	
Karlyson	
Typed or printed name: Karla J. Ramirez, Assistant Secretary of W Walton Street Managers I, L.P., GP	VSC Managers I, Inc., GP of
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75