

CT CORPORATION

BA7000000079

FILED
02 JUN 19 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

National RE/Sources Cypress Run, L.P.

AL

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input checked="" type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

RECEIVED
02 JUN 19 AM 11:11
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

6/19/02

Order#: 5425348

500005860525--9

-06/19/02--01040--020

Ref#: *****52.50 *****52.50

Amount: \$ _____

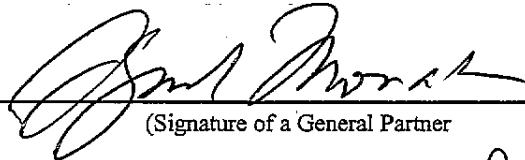
660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**CERTIFICATE OF CANCELLATION
FOR**

National RE/Sources Cypress Run, L.P.

(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)

J. Grant Monahan, v.p.

(Typed or Printed name of General Partner Signing Above)

Comm. Mass.
~~STATE OF~~
COUNTY OF Suffolk

On this 1 day of May, 2002, J. Grant Monahan
personally appeared before me,

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



Notary Public Signature

JULIE A. SILVA

Notary's Printed Name

Seal

My Commission Expires: JULIE A. SILVA
NOTARY PUBLIC
My commission expires Sept. 6, 2007

FILED
02 JUN 19 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA