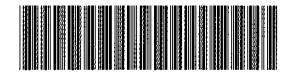
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
·	·	
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Office Use Only



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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Rida Associates I (Name of Foreign Limited Partners	Limited Partnership Ship or Limited Liability Limited Partnership)
The enclosed Notice of Cancellation and	fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
c/o Thomas Jordan (Contact Person)	
Apollo Real Estate Advisor	S
(Firm/Company)	· · · · · · · · · · · · · · · · · · ·
2 Manhattanville Road, Sui	te 203
(Address)	
Purchase, NY 10577	
(City, State and Zip Code)
For further information concerning this n	natter, please call:
Thomas Jordan (Name of Contact Person)	at ()
Enclosed is a check for the following am	ount:
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee FL 32301	Tallahassee, FL 32314

FILED

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FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

NOTICE OF CANCELLATION

SECRETARY OF STATE TALLAHASSEE FLORIDA

Rida Associates Limi	ited Partnership
. (Name of limited pa	artnership or limited liability limited partnership)
_ ,	
Delawar	Ce (Jurisdiction of formation)
	(Jurisdiction of formation)
May 9, 1997	
(Date auth	norized to transact business in Florida)
This foreign limited partnership o	or limited liability limited partnership is no longer
- • • • • • • • • • • • • • • • • • • •	d wishes to cancel its certificate of authority pursuant to
s. 620.1907, F.S.	a visites to cancer its certificate of authority parsuant to
5. 020.1707, 1.15.	
This entity appoints the Florida D	Department of State as its agent for service of process for
7 1.	transaction of business in this state.
Effective date, if other than the da	ate of filing:
	ore than 90 days after the date this document is filed by the Florida
Department of State.)	
Signature of a general partner:	
Signature of a general partner.	
lovels fortal	ı
Typed or printed name:	
- 2 F	
Ronald Solotruk	
•	
Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50

\$8.75

Certificate of Status (optional):