

CT CORPORATION SYSTEM

B97000000300

CORPORATION(S) NAME

DWT A II, LLC

Townsend Property Trust Limited Partnership

100003568711--9
-01/24/01--01005--009
*****52.50 *****52.50

100003568711--9
-01/24/01--01005--010
*****52.50 *****52.50

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input checked="" type="checkbox"/> Limited Partnership <i>Cancellation</i> | <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 checked="" 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 | | |

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

1/23/01

Order#: 3522078

Ref#: _____

Amount: \$ _____

FILED
01 JAN 23 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

**CERTIFICATE OF CANCELLATION
FOR**

Townsend Property Trust 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.

Dennis Townsend

(Signature of a General Partner)

Dennis W. Townsend, President of DWT A II, LLC, GP

(Typed or Printed name of General Partner Signing Above)

STATE OF Maryland

COUNTY OF Baltimore

On this 17th day of January, 2001, Dennis Townsend
personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Lynn E. Loats
Notary Public Signature

LYNN E. LOATS
Notary's Printed Name



My Commission Expires: AUG 02 2002

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01 JAN 23 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA