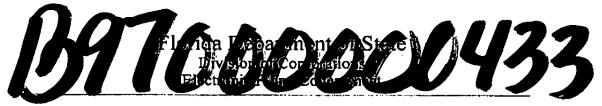
Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092

Phone Fax Number

: (850)878-5368

## DISS/TERM/CANCEL/REV OF LP/LLP SPG CAPITAL ASSOCIATES LIMITED PARTNERSHI

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## COVER LETTER

| TO: Registration<br>Division of C |   |                          |                           |               |  |                         |             |              |
|-----------------------------------|---|--------------------------|---------------------------|---------------|--|-------------------------|-------------|--------------|
|                                   | ital Associates Limited Pa<br>Foreign Limited Partnersh |                          |                           | ility Lim     | ited Partnership)                                  |                         | •           |              |
| The enclosed Notice               | of Cancellation and f                                   | ec(s) a                  | e submi                   | itted for     | filing.  |                         |             |              |
| Please return all con             | respondence concernir                                   | ng this                  | matter to                 | <b>)</b> :    |  |                         |             |              |
| c/o Corporate Paralegal           |   |                          |                           |               |  |                         |             |              |
|                                   | (Contact Person)  |                          |                           |               |  |                         |             |              |
| SPG, Inc.                         |   |                          |                           |               |  |                         |             |              |
|                                   | (Firm/Company)  |                          |                           | - <del></del> |  |                         |             |              |
| 225 W. Washington St.             |   |                          |                           |               |  |                         |             |              |
|                                   | (Address)   |                          |                           |               |  | and bring               | <b>~</b> 2  |              |
| 1 None of part 45004              |   |                          |                           |               |  | و <b>ن جد</b><br>(1995ع | 2019 SEP 13 |              |
| Indianapolis, IN 46204            | (City, State and Zip Code)                              |                          |                           |               |  | 12.23                   | S           |              |
| ,                                 | (City, state and Eth Cook)                              |                          |                           |               |  | 3:                      | -ο          | ************ |
| T                                 |   | _44                      |                           | 11.           |  | - 83¥                   | <u>۔</u>    |              |
| For nurner informat               | tion concerning this m                                  | atter, p                 | icase ca.                 | 11.           |  | 置べ                      |             |              |
| Aubrey Rykovich                   | <u>.                                    </u>            | at (                     | 317                       | ) 263         |  |                         | 3           | 5 3          |
| (Name of Con                      | tact Person)  |                          | (Area C                   | ode and D     | aytime Telephon                                    | Number)                 | ਹੁ          | £            |
| Enclosed is a check               | for the following amo                                   | uni:                     |                           |               |  | RIDA                    | AM 10: 30   | _            |
| S52.50 Filing Fee                 | ☐ \$6).25 Filing Fee<br>and Certificate of<br>Status    |                          | 105.00 Fil<br>Certified ( |               | S113.75 Fili<br>Certified Copy<br>Certificate of S | , and                   |             |              |
| STREET ADDRES                     | SS:   |                          | MA                        | ILING         | ADDRESS:   |                         |             |              |
| Registration Section              |   | Registration Section     |                           |               |  |                         |             |              |
| Division of Corporations          |   | Division of Corporations |                           |               |  |                         |             |              |
| Clifton Building                  |   | P. O. Box 6327           |                           |               |  |                         |             |              |
| 2661 Executive Cer                |   |                          | Tall                      | ahassee,      | FL 32314   |                         |             |              |
| Tallahassee, FL 32                | งงา   |                          |                           |               |  |                         |             |              |

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

| SPG Capital Associates Limited Partnership   |           |           |
|--|-----------|-----------|
| (Name of limited partnership or limited liability limited partnership)   |           |           |
| Delaware   |           |           |
|  |           |           |
| (Jurisdiction of formation)  |           |           |
| B97000000433   |           |           |
| (Date authorized to transact business in Florida)  |           |           |
| This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S. |           |           |
| This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.                                | 2013      | -         |
| Effective date, if other than the date of filing:  (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Floridat Department of State.)                | SEP 13    | -         |
| Signature of a general partner:  | AM 10: 30 | (Deriver) |
| SPG CAPITAL VII, LLC, a Delaware limited liability company   | : 3       |           |
| By:  Steven E. Fivel, Assistant Secretary  Filing Fee: \$52.50  Certified Copy (optional): \$52.50  Certificate of Status (optional): \$8.75   | J         |           |