

B98 000000 658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

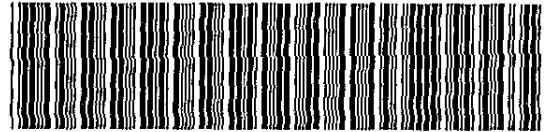
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
FALLS CHURCH, VA

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4/12/05
JHS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Student Apartment Contractors, Ltd.
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: B98000000658

The enclosed Certificate of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cherie Slade

(Name of Person)

The Dinerstein Companies

(Firm/Company)

6363 Woodway, Suite 1000

(Address)

Houston, TX 77057

(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Randall Husmann

(Name of Person)

at (713) 570.0312

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee &
Certificate of Status

☐ \$105.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$113.75 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

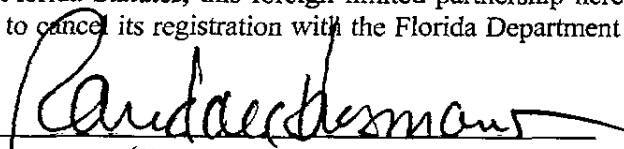
MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**CERTIFICATE OF CANCELLATION
FOR**

Student Apartment Contractors, Ltd.
(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)

Randall Husmann, CFO DMC SAC, Inc. - GP
(Typed or Printed name of General Partner Signing Above)

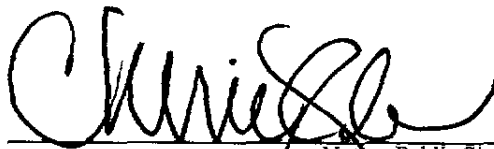
STATE OF TEXAS

COUNTY OF HARRIS

On this 5TH day of APRIL, 2005,
personally appeared before me,

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

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SECRET
TALLAH
FLORIDA
DE STATE



Notary Public Signature

CHERIE SLADE

Notary's Printed Name



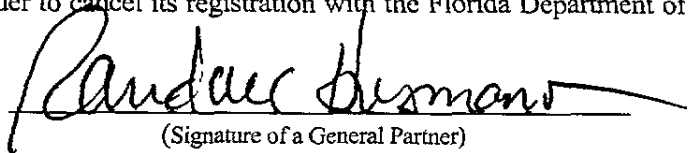
Seal

My Commission Expires: 2.14.08

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STATE OF _____

COUNTY OF _____

On this 5th day of APRIL, 2005,
personally appeared before me,

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 APR -8 AM 10:24

FILED



Notary Public Signature

CHERIE SLADE

Notary's Printed Name



Seal

My Commission Expires: 2.14.08