

B98000000722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

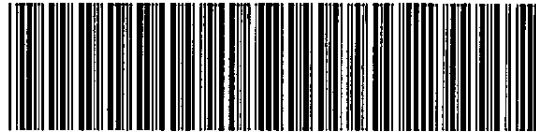
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 DEC -2 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC - 8 2005

SWERDLOW BOCA DEVELOPERS

GROUP LLC

Theodore R. Stotzer
Executive Vice President and General Counsel
Direct: (954)949-3480

December 1, 2005

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

VIA FEDERAL EXPRESS

**RE: CERTIFICATE OF CANCELLATION FOR: CYPRESS CREEK PARK AND RIDE
ASSOCIATES LIMITED PARTNERSHIP**

Dear Sir/Madam:

Enclosed is a Certificate of Cancellation by foreign limited partnership for Cypress Creek Park and Ride Associates Limited Partnership, together with our company's check in the amount of \$52.50 for cancellation of same.

I have also enclosed an extra copy of the Certificate of Cancellation for your returning same to my office stamp-marked "Filed". Should you have any questions/comments, please advise. Your assistance is appreciated.

Sincerely,

SWERDLOW/BOCA DEVELOPERS GROUP, LLC



Theodore R. Stotzer
Executive Vice President and General Counsel

TRS:cmo

Enclosures

cc: Mr. Ken Scott (w/o encls.) via Email

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CYPRESS CREEK PARK AND RIDE ASSOCIATES LIMITED PARTNERSHIP
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: B98000000722

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

Please return all correspondence concerning this matter to the following:

THEODORE R. STOTZER, ESQ.
(Name of Person)

c/o Swerdlow/Boca Developers Group, LLC
(Firm/Company)

321 East Hillsboro Blvd.
(Address)

Deerfield Beach, Florida 33441
(City/State and Zip Code)

For further information concerning this matter, please call:

Celeste Orlins, Paralegal at (954) 949-3481
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$113.75 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

**CERTIFICATE OF CANCELLATION
FOR**

CYPRESS CREEK PARK AND RIDE ASSOCIATES 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.

CYPRESS CREEK PARK AND RIDE ASSOCIATES LIMITED PARTNERSHIP
BY: SREG PARK AND RIDE, INC., its general partner

By: _____

(Signature of a General Partner)

Theodore R. Stotzer, Executive Vice President
(Typed or Printed name of General Partner Signing Above)

STATE OF FLORIDA

COUNTY OF BROWARD

On this 28th day of November
personally appeared before me,

☒ XX

who is personally known to me

☐

whose identity I proved on the basis of _____

FILED
05 DEC -2 PM 12:45
2005
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Notary Public Signature

Celeste M. Orlins

Notary's Printed Name

Seal



Celeste M. Orlins
Commission # DD338393
Expires August 24, 2008

Bonded Troy Fain - Insurance, Inc. 800-385-7019

My Commission Expires: _____