Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LRA ADMINISTRATOR, LLC

Account Number : I20080000036

Phone

: (386)246-5859

Fax Number

: (386)246~5856

DISS/TERM/CANCEL/REV OF LP/LLP NORTHSHORE OCEAN HAMMOCK INVESTMENT LTD., LLLP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Northshore Ocean Hammock Investment Ltd., LLLP
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

Tammy Hotaling

(Contact Person)

Tallilly Hotali	' ' '			
	(Contact Person)			
H&R Resorts,	LLC			
	(Firm/Company)			
200 Ocean Cr	est Drive, Suite	31		
	(Address)			
Palm Coast, F	L 32137			
	(City, State and Zip Code)			
	(City, State and Zip Code)			
	(City, State and Zip Code)			
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For further information	tion concerning this m	atter, please cal)24	6-5859 Daytime Telephone Number)
For further information Tammy Hotali (Name of Con	tion concerning this m	atter, please cal at (386 (Area Co)24	

STREET ADDRESS:

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

MAILING ADDRESS:

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

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP LIMITED LIABILITY LIMITED PARTNERSHIP

Northshore Ocean Hammock Investment Ltd., LLLP

(Name of limited partnership or limited liability limited partnership)

Georgia
(Jurisdiction of formation)
01/28/1999
(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.
Effective date, if other than the date of filing: October 20, 2011 (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
Hammock GP, LLC, a Georgia limited liability company, its GP
Signature of a general partner: By: Legacy Resort Assets, LLC, a DE LLC, its manager
Typed or printed name:
Name: Amy Wilde, Vice President
Filing Fee: \$52.50
Certified Copy (optional): \$52.50

\$8.75

Certificate of Status (optional):