CSCL/CD-404 (Rev. 09/21)	
	IIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS RPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU
Date Received	This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.
Name	
Address	State ZIP Code EFFECTIVE DATE:
	eturned to the name and address you enter above.
	CERTIFICATE OF CANCELLATION  For Use by Domestic and Foreign Limited Partnerships  (Please read information and instructions on the last page)
Pursuant to the provision	ons of Act 213, Public Acts of 1982, the undersigned general partner(s) execute the following Certificate:
1. The present name o	f the limited partnership is:
2. The limited partnersl	hip number assigned by the Bureau is:
3. To be completed by	y Domestic Limited Partnerships
a. The date the orig	inal Certificate of Limited Partnership was filed is:
b. The reason for fili	ing this Certificate is (check one):
at the time or	upon the happening of events specified in the Certificate of Limited Partnership.
written conse	nt of all partners.
in event of wit	thdrawal of a general partner.
entry of a dec	cree of judicial dissolution under Section 802 or 803.
-	ership's Certificate of Limited Partnership is to be canceled. Any other applicable information the b) desire to state is as follows:

4. To be completed by Foreign Limited Par	tnerships		
a. The limited partnership was formed on t	heday of	,	under the
laws of the State of			
b. The address of the limited partnership o	ffice is:		
(Street Address)	(City)	(State)	(ZIP Code)
c. The limited partnership's Certificate of R	egistration to transact business in this	State is to be cance	led.
	_		
Signed this	day of	,	
By			
-,	(Signature of General Partner)		
	(Type or Print Name)		
COMPLETE	ONLY IE A FOREIGN I IMITED DART	NEDGUID	
rate of —	ONLY IF A FOREIGN LIMITED PART	NEKSHIP	
ate of —	ss.		
ounty of	<b>_</b> _J		
ubscribed and sworn to before me on this	day of		
<i></i>			
	(Signa	ature of Notary)	
	(Type or F	Print Name of Notary)	
(Notary Seal)	Notary Public for		County
	State of		
	My commission expires		

(	CSLC/CD-404 (Rev. 09/21)	
I	Preparer's Name	
I	Business Telephone Number ()	
	INFORMATION AND INSTRU	UCTIONS
	The Certificate of Limited Partnership or Registration to Transact Busine	ess cannot be canceled until this form is submitted.
	Submit one original of this document. Upon filing, the document will be a     & Commerical Licensing Bureau. The original will be returned to your reg     address in the box on the front of this Certificate.	•
	Since this document will be maintained on electronic format, it is importa black and white contrast, or otherwise illegible, will be rejected.	ant that the filing be legible. Documents with poor
	3. This document is to be used pursuant to Section 203 or 906 of Act 213, I domestic limited partnership's Certificate of Limited Partnership or cance Transact Business in Michigan.	

4. If additional space is needed for any item, continue the item on a supplement.

- 5. Item 1 The name of the Limited Partnership is the name contained in the original, Amended or Restated Certificate of Limited Partnership. The name of a foreign limited partnership is the name under which it obtained its authority to transact business or conduct affairs in Michigan.
- 6. Item 2 Enter the identification number previously assigned by the Bureau. If this number is unknown, leave it blank.
- 7. Item 3(b) Check the appropriate box for the reason the Certificate of Limited Partnership is being canceled. Section 801 of the Act provides for dissolution of a limited partnership.
  - Item 3(c) Indicate in this item any other information the general partners filing the Certificate determine to be applicable. An effective date, no later than 90 days after the date the document is delivered to the Bureau, may be stated.
- 8. This document must be signed in ink by at least one general partner. If a foreign limited partnership, it must be signed and sworn to by a general partner.
- 9. NONREFUNDABLE FEE: Make remittance payable to the State of Michigan. Include limited partnership name and identification number on check or money order......\$10.00

Submit with check or money order by mail:

Michigan Department of Licensing and Regulatory Affairs Corporations, Securities & Commercial Licensing Bureau Corporations Division P.O. Box 30054 Lansing, MI 48909

To submit in person:

2407 N Grand River Ave Lansing, MI 48906 Telephone: (517) 241-6470

Fees may be paid by check, money order, VISA, MasterCard, American Express, or Discover when delivered in person to our office.

Documents that are endorsed filed are available at www.michigan.gov/corpentitysearch. If the submitted document is not fileable, the notice of refusal to file and document will be available at the Rejected Filings Search website at www.michigan.gov/corprejectedsearch.

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

CSCL/CD-272 (09/21)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU CORPORATIONS DIVISION P.O. BOX 30054

LANSING, MI 48909-7554 (517) 241-6470

Instructions:

## **OPTIONAL**

## **EXPEDITED SERVICE REQUEST**

If you choose to use expedited services, submit a separate Expedited Service Request form for each document submitted online, in person, or by mail for

	ndard document fees and due w	then document is submitted. Expedit	ed fees an	a not refundable	
Expedited fees are in addition to the star	idala document lees and due w	men decament is submitted. Expedit	ca iccs ai	e not retundable.	
COFS (Corporations Online Filing System): Expedited service can be requested when s Fees for documents submitted online may be	submitting a document online. Υοι		ichigan.go	v/corpfileonline.	
Documents that are endorsed filed are avairand document will be available at the Rejec			s not fileabl	e, the notice of refusal to fi	le
Documents submitted by mail are delivered Day of receipt for mailed expedited servi				ions Division for review.	
Ple	ase initial the appropriate be	ox for the level of service request	ted		
		Same Day 24 Hour			
Submitters Information:					
Company Name (if applicable)					
Telephone		Person submitting this request			
( )					
Oocument Information:					
Document information.					
Name of Corporation, LLC or Limited Partne	archin			ID Number (existing entity	١
Name of Corporation, LLC or Limited Partne	ership			ID Number (existing entity	)
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Name of Corporation, LLC or Limited Partner  Type of document (articles, amendment, etc.)	·			ID Number (existing entity	)
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Type of document (articles, amendment, etc  Expedited Service Level  1 Hour, same day  2 Hour, same day	Fees \$1,000.00 \$500.00	Any	Dea	dline for receipt of docur 4:00 PM EST or EDT 3:00 PM EST or EDT	,
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Expedited Service Level  1 Hour, same day  2 Hour, same day  Same day  24 Hours	Fees \$1,000.00 \$500.00 \$100.00 \$200.00 \$50.00 \$100.00	Any  Any  Formation/qualification For Any Existing Entity  Formation/qualification For Any Existing Entity  U USE ONLY		dline for receipt of docur 4:00 PM EST or EDT  3:00 PM EST or EDT  1:00 PM EST or EDT  1:00 PM EST or EDT	,
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Expedited Service Level  1 Hour, same day  2 Hour, same day  Same day  Agency Account	Fees \$1,000.00 \$500.00 \$100.00 \$200.00 \$50.00 \$100.00	Any  Any  Formation/qualification For Any Existing Entity  Formation/qualification For Any Existing Entity  U USE ONLY	Re	dline for receipt of docur 4:00 PM EST or EDT  3:00 PM EST or EDT  1:00 PM EST or EDT  1:00 PM EST or EDT	,
Expedited Service Level  1 Hour, same day  2 Hour, same day  Same day  Agency Account  Profit Corporation (6813)	Fees \$1,000.00 \$500.00 \$100.00 \$200.00 \$50.00 \$100.00	Any  Any  Formation/qualification For Any Existing Entity  Formation/qualification For Any Existing Entity  U USE ONLY	Re	dline for receipt of docur 4:00 PM EST or EDT  3:00 PM EST or EDT  1:00 PM EST or EDT  1:00 PM EST or EDT	,