



State of Rhode Island
Department of State - Business Services Division

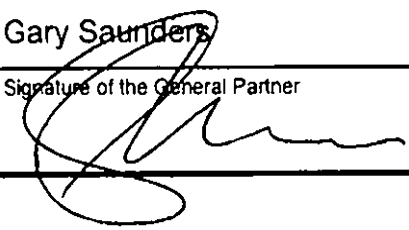
REC'D RI SOS BSD
24 AUG 13 PM 2:06:52

Certificate of Cancellation

FOREIGN Limited Partnership

→ Filing Fee: \$25.00

Pursuant to the provisions of RIGL 7-13-53, the undersigned foreign limited partnership hereby submits the following Certificate of Cancellation of its registration to transact business in the state of Rhode Island:

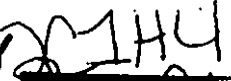
1. Entity ID Number: 000097155	2. The name of the limited partnership is: Municipal Tax Administration Associates, Ltd.
3a. List the date the Certificate of Registration was issued by the Rhode Island Department of State: 8/20/1997	
3b. List the name the partnership was authorized to transact business in Rhode Island: Municipal Tax Administration Associates, Limited Partnership	
4. The limited partnership is organized under the laws of: State of Pennsylvania	
5. It revokes the authority of its agent, to accept service of process and consents that service of process in any action, suit or proceeding arising out of the transaction of business in the state of Rhode Island, may thereafter be made on the limited partnership by service thereof on the Department of State of the State of Rhode Island.	
6. The Department of State will receive future service of process for the limited partnership regarding the transaction of business in Rhode Island.	
7. The post office address to which the Department of State may mail a copy of any process against the limited partnership that may be served on the Department of State is: c/o MBIA, 1 Manhattanville Road, Suite 301, Purchase, NY 10577 Attn: Megan Korson	
8. As required by <u>RIGL 7-13-53</u> , the entity has paid all fees and franchise taxes. RI Division of Taxation's ORIGINAL letter of good standing (LOGS) for the purpose of dissolution MUST accompany this form.	
<i>Under penalty of perjury, I declare and affirm that I have examined this Certificate of Cancellation of Certificate of Registration, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of the General Partner Gary Saunders	Date 2/28/2024
Signature of the General Partner 	

MAIL TO:

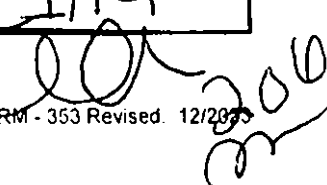
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

AUG 13 2024

BY 

FORM - 353 Revised 12/2005





State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

August 13, 2024 02:06 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

