

# A93000000280

## ATTORNEYS' TITLE

Requestor's Name \_\_\_\_\_

660 E. Jefferson St.  
Address \_\_\_\_\_

Tallahassee, FL 32301      850-222-2785  
City/St/Zip                      Phone #

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- L SCHIEFERDCKER LIMITED PARTNERSHIP
- 2- \_\_\_\_\_
- 3- \_\_\_\_\_
- 4- \_\_\_\_\_

EFFECTIVE DATE  
12-31-99

APPROVED AND FILED  
99 DEC 29 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- Walk-in
- Pick-up time ASAP
- Certified Copy
- Mail-out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

600003083196  
-12/29/99-01068-023  
\*\*\*\*105.00 \*\*\*\*105.00

RECEIVED  
99 DEC 29 AM 11:56  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials JP 12-29-99

**CERTIFICATE OF CANCELLATION OF  
LIMITED PARTNERSHIP**

The undersigned being all of the General Partners and Limited Partners hereby make, acknowledge, swear to and file this Certificate of Cancellation of Limited Partnership for L. Schieferdecker Limited Partnership, hereinafter referred to as the Partnership, pursuant to Fla. Stat. §620.113 and Section 15.5 of the Agreement of Shareholder Limited Partnership of L. Schieferdecker Limited Partnership.

1. The name of the limited partnership is the L. Schieferdecker Limited Partnership.
2. The Certificate of Limited Partnership was filed on January 20, 1993.
3. The reason for filing the Certificate of Cancellation of Limited Partnership is that all assets of the partnership have been distributed pursuant to a written agreement of all partners to terminate the Limited Partnership.
4. The effective date of the Certificate of Cancellation of Limited Partnership is December 31, 1999.

IN WITNESS WHEREOF, the General Partners and Limited Partners have hereunto set their hands and seals this 28 day of December, 1999.

Signed, Sealed and Delivered  
in the presence of:

Alice M. Sopkin  
Witness: Alice M. Sopkin

Walter L. Schieferdecker  
WALTER L. SCHIEFERDECKER

Paula Deschenes  
Witness: Paula Deschenes

Diann M. Wingley  
Witness: Diann M. Wingley

Howard A. Schieferdecker  
HOWARD A. SCHIEFERDECKER

Deborah L. Marshall  
Witness: Deborah L. Marshall

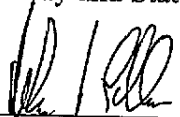
99 DEC 29 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

STATE OF CONNECTICUT  
COUNTY OF MIDDLESEX

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared, WALTER L. SCHIEFERDECKER, who is personally known to me or produced \_\_\_\_\_ (type of identification) as identification.

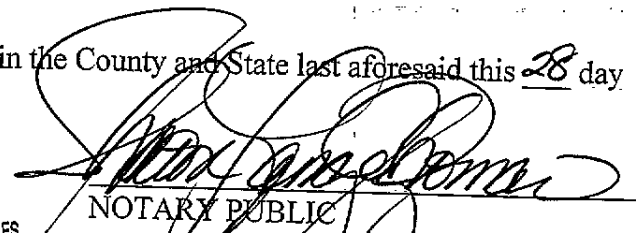
WITNESS my hand and official seal in the County and State last aforesaid this 23 day of December, 1999.

  
\_\_\_\_\_  
NOTARY PUBLIC  
Print Name: Nelson J. Idler  
Commission No.: N/A  
My Commission Expires: 3-31-2000

STATE OF FLORIDA  
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared, HOWARD A. SCHIEFERDECKER, who is personally known to me or produced \_\_\_\_\_ (type of identification) as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 28 day of December, 1999.

  
\_\_\_\_\_  
NOTARY PUBLIC  
Print Name: \_\_\_\_\_  
Commission No.: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

 Sharon Langley Thomas  
MY COMMISSION # CC794401 EXPIRES  
January 3, 2003  
BONDED THRU TROY FAIN INSURANCE, INC.

99 DEC 29 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APPROVED  
AND  
FILED