

A93000001355

Requestor's Name
 100 Lakeshore Dr., Suite 1152
 Address
 131th Palm Beach Fl. 33408
 City/State/Zip Phone #

Office Use Only

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

- Price Family Limited Partnership #16
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #)

FILED
 07 MAR 21 11:00 AM
 RECEIVED
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

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

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<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 type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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

A93-1355

Name Availability	RL 42
Document Examiner	RL
Updater	RL
Updater Verityer	RL
Acknowledgment	RL

W. P. Verityer
 100002131931 -- 3
 -04/02/97--01123--001
 ****252.50 ****78.50
 FF \$ 52.50

Examiner's Initials	
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**CERTIFICATE OF CANCELLATION
FOR**

Price Family Lmt Partnership #16

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on 12/4/93, hereby submits this certificate of cancellation.

FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

Business Operations Discontinued on or before 2/28/97

SECOND: This certificate of cancellation shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signatures of all general partners:

[Signature]

FILED
12/16/93
TALLAHASSEE

DEBIT MEMORANDUM

FOR OFFICIAL USE

DATE

NUMBER

TO : DEPARTMENT OF STATE

A 93000001447

* * * * *

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	971.25	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	971.25	OTHER	4

CROSS REF	DISTRIBUTION SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	1	10.00
12	45-20-2-130001-45300000-00-000100-00	1	70.00
12	45-20-2-130001-45300000-00-000100-00	1	70.00
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	1	576.25

GRAND TOTAL:

72853 - F

97 FEB 14 PM 3:22
FINANCIAL MANAGEMENT

RECEIVED

000002135000--4
-04/07/97--01017--014
****605.06 ****605.06

Process Date: 02/13/97

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

State Treasurer

Bill Nelson