

**A94000000520**

Requestor's Name

100 Lakeshore Drive, Suite 1152

Address

1101 W. Palm Beach, FL 33408

City/State/Zip

Phone #

Office Use Only

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

1. Price Family Limited Partnership #17  
(Corporation Name) (Document #)

300002131933--7  
-04/02/97--01123--001  
\*\*\*\*262.50 \*\*\*\*52.50

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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

FILED  
CORPORATION  
SECTION

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

A94-520

Name	AR 42
Availability	
Document Examiner	AR
Updater	AR
Updater Verifier	AR
Acknowledgment	AR
W. P. Verifier	AR

FF \$ 52.50

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

Price Family Ltd Partnership #17

(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 4/11/96, hereby submits this certificate of cancellation.

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

*Business Operations Discontinued on or before 1/31/97*

**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:

*[Handwritten Signature]*

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\_\_\_\_\_  
\_\_\_\_\_

FILED  
APR 11 1996  
TALLAHASSEE  
FLORIDA