

A99000001739

FILED

2005 MAR 14 P 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

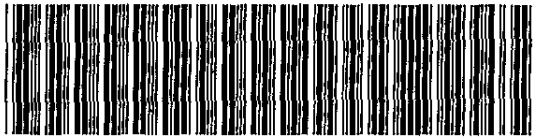
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



700048044917

03/14/05--01063--025 **52.50

Special Instructions to Filing Officer:

AL 1

Office Use Only

FILED

TRANSMITTAL LETTER

2005 MAR 14 P 2: 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: AISHAN ENTERPRISES LIMITED
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: A99000001739

The enclosed Certificate of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RUPA SRIVASTAVA
(Name of Person)

(Firm/Company)

8795 HAMPTON LNDG DRV E
(Address)

JACKSONVILLE, FL 32256
(City/State and Zip Code)

For further information concerning this matter, please call:

RUPA SRIVASTAVA at (904) 519-9299
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee & Certificate of Status
- \$105.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CERTIFICATE OF CANCELLATION
FOR

FILED

2005 MAR 14 P 2:44

AISHAN ENTERPRISES LIMITED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FLORIDA

Pursuant to the provisions of section 620.174, Florida Statutes, this ~~foreign~~ limited partnership hereby submits this Certificate of Cancellation in order to cancel its registration with the Florida Department of State.

Rupa Srivastava

(Signature of a General Partner)

RUPA SRIVASTAVA

(Typed or Printed name of General Partner Signing Above)

STATE OF FLORIDA

COUNTY OF DUVAL

On this 7th day of March, 2005,
personally appeared before me,

who is personally known to me

whose identity I proved on the basis of PL DL # 5612-720-63715-0

Victor S. Fandrich
Notary Public Signature

Victor S Fandrich
Notary's Printed Name



VICTOR S. FANDRICH
MY COMMISSION # DD 128944
EXPIRES: June 18, 2006
Bonded Thru Budget Notary Services

Seal

My Commission Expires: 6/18/2006