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SECRETARY OF STATE

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: The 10517 Sepai LP					
(Name of Limited Partnership)					
FLORIDA REGISTRATION NUMBER: 30 000 000 396					
The enclosed Certificate of Cancellation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Jonas B. Cooke					
(Name of Person)					
(Firm/Company)					
15824 Sheads Mtn. Rd					
(Address)					
Rixeyville, VA 22737					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Jonas B. Cookeat ( 703) 234-7750					
(Name of Person) (Arrea Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
■ \$52.50 Filing Fee					
STREET ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section					
Division of Corporations  Division of Corporations  Division of Corporations  P.O. Box 6327					
Tallahassee, Florida 32399 Tallahassee, Florida 32314					

## CERTIFICATE OF CANCELLATION FOR

The 10517 Sepal Limited Partnership

(insert na	ame currently on file with Florida Dept. of Sta	ite)
Pursuant to the provisions of sections submits this Certificate of Cancella State.	on 620.174, Florida Statutes, this forestion in order to eancel its registration v	ign limited partnership hereby vith the Florida Department of
	(Signature of a Ge	meral Partner)
	Jonas B. Cooke	
	(Typed or Printed name of Gen	eral Partner Signing Above)
STATE OF VIRGINIA		
STATE OF VIRGINIA		
On this day of personally appeared before me, who is personal whose identity l	ly known to me I proved on the basis of UA Dr2	ver License
Seal	Sarda J. Ka Notary's Prin My Commission Expire	SECRETARY OF STATE OF