

B98000000434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

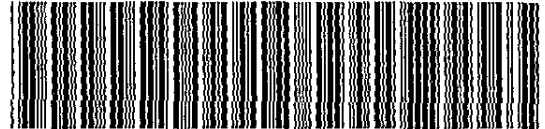
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TALLAHASSEE, FLORIDA

04/29/05--01045--014 **52.50

T. Brumbley MAY 3 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stuart Lodge, LP

(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: B98000000434

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

Please return all correspondence concerning this matter to the following:

Debbie Gold

(Name of Person)

The Omnicorp Goup

(Firm/Company)

1300 Parkwood Circle, Suite 400

(Address)

Atlanta, Georgia 30339

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Debbie Gold

(Name of Person)

at (678) 385-2229

(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**

Stuart Lodge, L.P.

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

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.



(Signature of a General Partner)

Albert L. Scott

(Typed or Printed name of General Partner Signing Above)

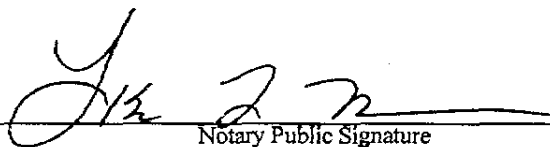
STATE OF

COUNTY OF

On this 27th day of April
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____




Notary Public Signature

Lisa Martin
Notary's Printed Name

My Commission Expires: 4/29/06

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TALLAHASSEE, FLORIDA