(Re	equestor's Name	)
(Ac	dress)	<u></u>
(Ac	idress)	
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Na	ime)
(Do	ocument Number	)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		10/31/2
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Office Use Only



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## NATIONAL DEVELOPER OF THE YEAR naiop

300 S.E. 2nd Street Ft. Lauderdale, Florida 33301 954.627.9350 954.627.9399 Fax stiles.com stiles@stiles.com

October 24, 2003

VIA CERTIFIED MAIL, RETURN RECEPT REQUESTED

Florida Dept. of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Dear Sir/Madame:

We are enclosing herewith a Certificate of Cancellation for D.T.T.W., Ltd. along with a check in the amount of \$52.50 to cover the cancellation fee.

If you have any questions please feel free to contact me at (954) 627-9156.

Sincerely yours,

STILES CORPORATION

Judy Sherman

**Closing Coordinator** 

js

Enclosure

## CERTIFICATE OF CANCELLATION FOR

D.T.T.W., LTD.

(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 5/27/1994, hereby submits this certificate of cancellation.

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

All assets sold and proceeds distributed.

03 0CT 28 AM 10: 41

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

INC

THIRD: Signatures of all general partners:

Terry W. Stiles, Vice President