# P00000000001643

110000	JO O P not GP
00789-00524-0067	452.50
Univer Ouks Gio. 19531 N.E. 17th Ave. Miami, FL 33179  (Address)	600051112776
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	MJH.
(Business Entity Name)	05/16/0501077009 **27.
(Document Number)	; .
Certified Copies Certificates of Status	04/22/0501022004 **25.
Special Instructions to Filing Officer:	
A-1443	05 MAY 18
Office Use Only	

\*\*27.50

\*\*25.00



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 26, 2005

VELVET OAKS LTD. 19531 N.E. 17TH AVE. MIAMI, FL 33179

SUBJECT: VELVET OAKS LIMITED PARTNERSHIP

Ref. Number: A0000001643

We have received your document for VELVET OAKS LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to cancel this Limited Partnership, the form submitted is for a General Partnership. Also, the filling fee is\$52.50.

There is a balance due of \$27.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 805A00028776

Michelle Hodges Document Specialist

### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: What Osks Cimited Partnership (Name of Limited Partnership)		
DOCUMENT NUMBER:		
The enclosed Certificate of Cancellation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Sladney Sacks (Name of Person)  Little + Oaks (Firm/Company)		
(Firm/Company)		
19531 N.E. 17 1/3 Ava (Address)		
Midmi C 33174 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Sidney Sacks at (305) 682-92/4 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$52.50 Filing Fee Sectificate of Status Sectified 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

Clasert 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 _/0/30/2000, hereby submits this
Certificate of Cancellation.
FIRST: Reason for cancellation: (State why partnership is submitting cancellation)
Dessibring Partnership

**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:

05 HAY 16 FIL 3: