Gains V City/State/Zip	Lester's Name Address Phone #	85 th Way	200447 100053802412 -04/26/0201061002 ******52.50 ******52.50
CORPORATION I	NAME(S) & DOCU	MENT NUMBER(S), (if I	known):
1(Corp	poration Name)	(Document #)	02 APR SECHE TALLAH
3.	poration Name)	(Document #) (Document #)	FILED 26 PM 12: 2: MASSEE, FLORID
4(Con	Pick up time Will wait	(Document #) Photocopy	☐ Certified Copy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liabi Domestication Other OTHER FILING Annual Report Fictitious Name	lity n <u>S</u> t	AMENDMENTS Amendment	A., Officer/Director red Agent rawal
CR2E031(7/97)			Examiner's Initials

CERTIFICATE OF CANCELLATION FOR

(Insert name curreptly on file with Florida Dept. of State)	<u> </u>		
(Insert name currently on file with Florida Dept. of State)			
Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited par whose certificate was filed with the Florida Department of State on 4/02/c hereby submits this certificate of cancellation.		ρ,	
FIRST: Reason for cancellation: (State why partnership is submitting cancellation)			
Proposed project did not come together.			
come together.	TALL SEC	02 A	
	RETARY OF STATE AHASSEE, FLORID	PR 26 PH 12: 2	Ē

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: