

A01000001334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500041514815

10/05/04--01021--025 **52.50

10/05/04 10:12:33
10/05/04 10:12:33
10/05/04 10:12:33

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Agean Enterprise Limited Partnership
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: 501A0100001334

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

Please return all correspondence concerning this matter to the following:

Georgia Laousis
(Name of Person)

(Firm/Company)

5557 SeaForest Drive, #210
(Address)

New Port Richey, FL 34652
(City/State and Zip Code)

For further information concerning this matter, please call:

Georgia Laousis at (727) 815-0533
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Aqean Enterprise Limited Partnership
(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.

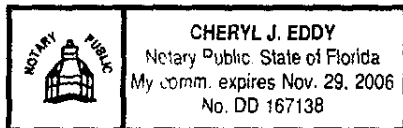
Georgia Laousis
(Signature of a General Partner)

Georgia Laousis
(Typed or Printed name of General Partner Signing Above)

STATE OF FLORIDA
COUNTY OF PASCO

On this 30th day of September, 2004,
personally appeared before me,

☐ who is personally known to me
☒ whose identity I proved on the basis of FL D.L.



Cheryl Eddy
Notary Public Signature

Notary's Printed Name

Seal

My Commission Expires: _____