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	(Requestor's Name)
	(Address)
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PICK-U	
	(Business Entity Name)
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Certified Copies	Certificates of Status
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TO: Registration Section Division of Corpora						
SUBJECT:Pa	din Family Limited	d Partners				
DOCUMENT NUMBER:			r /			
The enclosed Certificate of (Cancellation and fee(s) are	submitted for fil	ling.			
Please return all corresponde	ence concerning this matter	to the following	g:			
	Mercedes Pa					
	1)	Name of Person)				
	Buchanan In	gersoll, P	С			
		Firm/Company)				
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<u></u>	100 S.E. 2nd	d Street, (Address)	34th Floo	r	_	
		(11001033)				
	Miami, Flor	ida 33131				
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For further information conc	erning this matter, please c	all:			ARY SSE	production and the second s
Mercedes	Padin	at (305	347-4094		(T
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Enclosed is a check for the f	ollowing amount:					
☑ \$52.50 Filing Fee 0	J \$61.25 Filing Fee & Certificate of Status	\$105.00 H Certified (additional		sed) Certifie	Filing Fee, ate of Status & ed Copy nal copy is enclose	:d)
Registratio	ADDRESS: n Section		MAILING A Registration S	Section		

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

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CERTIFICATE OF CANCELLATION FOR

Padin Family Limited Partnership

(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 <u>11/08/2001</u>, hereby submits this Certificate of Cancellation.

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

Partnership has been dissolved and its affairs wound-up.



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:

Padin Family Investments フル By:

Mercedes Padin, its President