

A02000000029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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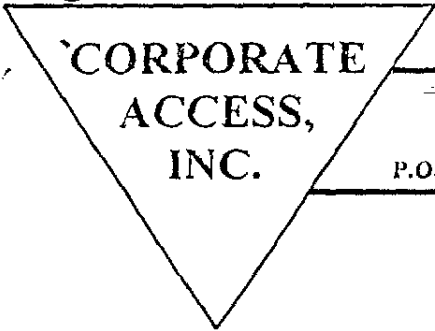
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07/14/03--01003--013 \*\*160.00

*BN*

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03 JUL 14 PM 1:09  
TALLAHASSEE, FLORIDA  
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105-20



236 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 FAX (850) 222-1666

WALK IN

PICK UP

7/14/03 *Alinda*

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☒ CERTIFIED COPY

CUS

PHOTO COPY

☒ FILING *Cancellation*

1.) *Xterra Limited Partnership*  
(CORPORATE NAME & DOCUMENT #)

2.)  
(CORPORATE NAME & DOCUMENT #)

3.)  
(CORPORATE NAME & DOCUMENT #)

4.)  
(CORPORATE NAME & DOCUMENT #)

5.)  
(CORPORATE NAME & DOCUMENT #)

*File 1st*

SPECIAL INSTRUCTIONS

**CERTIFICATE OF CANCELLATION  
FOR**

**XTERRA LIMITED PARTNERSHIP**

(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 JANUARY 8, 2002, hereby submits this certificate of cancellation.

**FIRST:** Reason for cancellation: The partners no longer desire to be organized under this 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:

  
\_\_\_\_\_  
RICHARD G. PARSONS

FILED  
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TALLAHASSEE  
FLORIDA  
STATE


AFFIDAVIT

I, RICHARD G. PARSONS, BEING SWORN, CERTIFY THAT THE FOLLOWING STATEMENTS ARE TRUE.

I AM FILING A CERTIFICATE OF CANCELLATION FOR XTERRA LIMITED PARTNERSHIP (A FLORIDA LIMITED PARTNERSHIP). I WILL NOT REVOKE THIS CANCELLATION AT ANY TIME.

I UNDERSTAND THAT I AM SWEARING OR AFFIRMING UNDER OATH TO THE TRUTHFULNESS OF THE CLAIMS MADE IN THIS AFFIDAVIT.

Dated July 9, 2003.

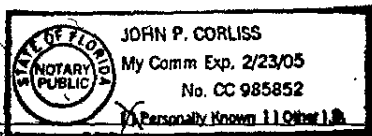
  
RICHARD G. PARSONS  
1505 South 1st Street #701  
Jacksonville Beach, Florida 32250

Sworn to or affirmed and signed before me on 7/9/03 by Richard Parsons

  
Notary Public

☒ Personally Known  
☐ Produced Identification

Type: \_\_\_\_\_



Stamped Name of Notary Public

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CLERK  
JACKSONVILLE, FLORIDA