

A02 0000 00 935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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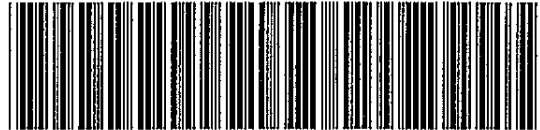
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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9/5
C. H. H.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUPERIOR GOLF ASSOCIATES, LIMITED PARTNERSHIP
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: A02000000935

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

Please return all correspondence concerning this matter to the following:

DAVID WOOD

(Name of Person)

SUPERIOR GOLF ASSOCIATES, LIMITED PARATNERSHIP

(Firm/Company)

1123 HERNANDO STREET - #B

(Address)

FORT PIERCE, FLORIDA 34949

(City/State and Zip Code)

For further information concerning this matter, please call:

EDWARD T. LEUSCHNER, CPA

(Name of Person)

at (516)

627-2400

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee &
Certificate of Status

☐ \$105.00 Filing Fee &
Certified 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF CANCELLATION
FOR**

SUPERIOR GOLF ASSOCIATES, 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.

David Wood

(Signature of a General Partner)

DAVID WOOD

(Typed or Printed name of General Partner Signing Above)

STATE OF

COUNTY OF

On this 7 day of Sept., 2005
personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of

FL Driver's License

W300-1163-53-387-0

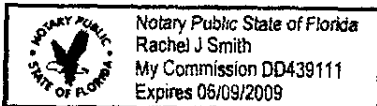
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rachel J. Smith

Notary Public Signature

Rachel J. Smith

Notary's Printed Name



Seal

My Commission Expires: 10/9/09