ADDDDDD 00189-00504-0067 (Requestor's Name) (Address)	0000987 6-02671 UP not GP + fee, 550: 000056981390
(City/State/Zip/Phone #)	07/08/0501009005 **25.00
(Document Number)	M. HODGES
Certified Copies Certificates of Status Special Instructions to Filing Officer:	08/03/0501035010 **27.50
AD2-987 Office Use Only	65 J 1 11 5 05

.....



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 14, 2005

P.S. FABRICS DESIGN CENTER & UPHOLSTERY, LTD. 1372 BEACH BLVD. JACKSONVILLE BCH, FL 32250

SUBJECT: P.S. FABRICS DESIGN CENTER & UPHOLSTERY, LTD Ref. Number: A0200000987

We have received your document for P.S. FABRICS DESIGN CENTER & UPHOLSTERY, LTD and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to cancel this Limited Partnership, the form submitted is for a General Partnership, also, the fee is \$52.50.

There is a balance due of \$27.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 005A00046573

TRANSMITTAL LETTER

TO: Registration Section , Division of Corporations

SUBJECT: P.S. FABALCS DESTER CHACER & UPHOLSTREY, LTD. (Name of Limited Partnership)

DOCUMENT NUMBER: A 02 000000987

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

Please return all correspondence concerning this matter to the following:

MRS. SUNNY BARNARD PRIMATY STOCK ENTERPRISES, Fur. (Firm/Company) 1372 BEACH BOULEVARD JACKSONVILLE BEACH, FC 32250

For further information concerning this matter, please call:

Sunny BARNARD (Name of Person) at (904) 249 4799 (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

CERTIFICATE OF CANCELLATION FOR

1.5. FABRICS DESIGN CENCEN ; UPHOLSTRY, L-TD, (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 $\frac{1}{22}$, hereby submits this Certificate of Cancellation.

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

ONG PARTNER PURCHASED THE INTEREST OF THE OTHER AND THE PARTNERSHIP is BEING DISSOLVED.

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:

05 AUC -1 PX 3:06