

A02000001382

00789-00524-00676-00671 * forms + fee \$52.50
LP NOT GP

(Requestor's Name)

MILDRED M. TRAYLOR
5075 LINCOLNSHIRE ROAD
JACKSONVILLE, FL 32217

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

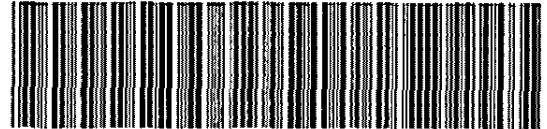
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

5/10 - Cancel

A02-1382

Office Use Only



000033710690

04/26/04--01005--003 **25.00

MJA

05/18/04--01062--004 **27.50

04 MAY 10 AM 10:30

(FILE)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 29, 2004

MILLRED M. TRAYLOR
5075 LINCOLNSHIRE ROAD
JACKSONVILLE, FL 32217

SUBJECT: TRAYLOR FAMILY LIMITED PARTNERSHIP #1
Ref. Number: A02000001382

We have received your document for TRAYLOR FAMILY LIMITED PARTNERSHIP #1 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 filing 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: 704A00029077

**CERTIFICATE OF CANCELLATION
FOR**

TRAYLOR Family Limited Partnership #1
(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.

Mildred M. Traylor
(Signature of a General Partner)

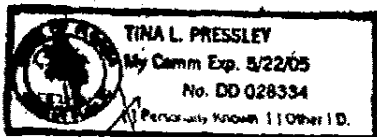
MILDRED M. TRAYLOR
(Typed or Printed name of General Partner Signing Above)

STATE OF Florida

COUNTY OF Duval

On this 9th day of May, 2004, Mildred Traylor
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____



Tina L. Pressley
Notary Public Signature

Tina L. Pressley
Notary's Printed Name

04 MAY 10 AM 10:30

FILED

Seal

My Commission Expires: 5/22/05