

AO 3000001054

2005 APR 15 P 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

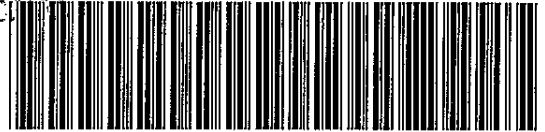
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400050408414

04/15/05--01029--020 **52.50

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2005 APR 15 P 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Insured Land Title, LTD.
(Name of Limited Partnership)

DOCUMENT NUMBER: A030000001054

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

Please return all correspondence concerning this matter to the following:

Barbara A. Harris
(Name of Person)

Title Offices, LLC
(Firm/Company)

744 E. Burgess Road, Suite E-104
(Address)

Pensacola, FL 32504
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara A. Harris at (850) 474-0140
(Name of Person) (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**

FILED

Insured Land Title, LTD.

(Insert name currently on file with Florida Dept. of State)

2005 APR 15 P 3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

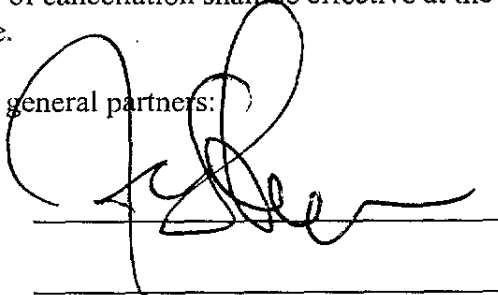
Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership,
whose certificate was filed with the Florida Department of State on 7/24/2003,
hereby submits this certificate of cancellation.

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

Partnership is no longer in business.

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:



Cert. #A03000001054