## H0300000 1199

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	e).
(Do	ocument Number)	
Certified Capies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		927
	Office Use Only	BUN!



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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

TO: Registration Section Division of Corpo			
SUBJECT: RE	-LI Lin	IITED LLLP of Limited Partnership)	) 
DOCUMENT NUMBER:	<u> </u>	00001199	
The enclosed Certificate of	Cancellation and fec(s) are	submitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	LINA DUG	Name of Person)  Firm/Company)	
	4087 NW &	•	<u> </u>
_ <u>-</u>	Delroy Bea	State and Zip Code)	15
For further information con	cerning this matter, please o	eall:	
LINA	DUQUE (Name of Person)	at ( 56/) 70 (Area Code & Daytime	Telephone Number
Enclosed is a check for the	following amount:		SEP 23 AHASSE
₩\$52.50 Filing Fee	☐ \$61.25 Filing Fee & Certificate of Status	☐ \$105.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	\$113.75 Filling Fice, Certificate of Status Certified Copy. (additional copy is enclosed)
	ADDRESS:	MAILING ADDRE	

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## CERTIFICATE OF CANCELLATION FOR

(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 August 26,04, hereby submits this
Certificate of Cancellation.
FIRST: Reason for cancellation: (State why partnership is submitting cancellation)
NO INCOME COMINS IN;
No Income Coming in; We decised to Close pertnership.
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:
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