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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: To dissolve	a Florida profit corporation
DOCUMENT NUMBER: # 1904	0000012
The enclosed Articles of Dissolution and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Karen Burrell	e of Person)
THE TINA BROWNM (Name of F	AN LIMITED PARTNERShip
4245 MAGGIORE M	
West Palm Beach, F. (City/State	Lovida 33409
(City/State	e/and Zip Code)
For further information concerning this matt	e/and Zip Code) ter, please call:
Karen Burvell (Name of Person)	at (56) 686-6126 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	ıt:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$\ \text{S52.50 Filing Fee,} \\ \text{Certified Copy} & \text{Certificate of Status & Certified Copy} \\ \text{(Additional copy is enclosed)} & (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations 409 E. Gaines Street
Tallahassee, Florida 32314	Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 25, 2005

KAREN BURRELL THE TINA BROWNMAN LIMITED PARTNERSHIP 4245 MAGGIORE WAY WEST PALM BEACH, FL 33409

SUBJECT: THE TINA BROWNMAN LIMITED PARTNERSHIP Ref. Number: A04000000121

We have received your document for THE TINA BROWNMAN LIMITED PARTNERSHIP and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$8.75. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Enclosed is the proper form for your entity.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 405A000483

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: THE TINA BROWNMAN LIMITED PARTNERSHIP (Name of Limited Partnership)
DOCUMENT NUMBER: A 04 00000 121
The enclosed Certificate of Cancellation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Karen Burrell (Name of Person)
THE TINA BROWNMAN LIMITED PARTNERSHIP
4245 Maggiore Way
West Palm Beach, FLorida 33409 E. S. (City/State and Zip Code)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Karen Burrell at (561) 686-6126 = 5 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$52.50 Filing Fee Certificate of Status Certificate Opy (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

THE TINA BROWNER LIMITED PARTNERSHIP

(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
FIRST: Reason for cancellation: (State why partnership is submitting cancellation)
There has been no activities in this partnership
and no plane for a
There has been no activities in this partnership and no plans for future activities.
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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