

A 04000001885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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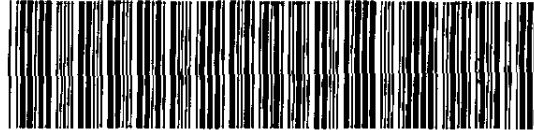
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 26 PM 12:31

N. Culligan JUL 29 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Decker H.I.O., LP
(Name of Limited Partnership)

DOCUMENT NUMBER: A040000 1885

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

Please return all correspondence concerning this matter to the following:

DEE DECKER
(Name of Person)

DECKER H.I.O., LP
(Firm/Company)

109 Comradone Drive
(Address)

Jupiter, FL 33477-4005
(City/State and Zip Code)

For further information concerning this matter, please call:

DEE DECKER at 913 706 5225
(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**

Decker H.I.O., Limited Partnership
(Insert name currently on file with Florida Dept. of State)

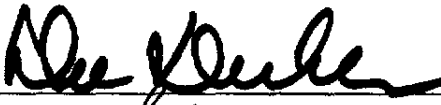
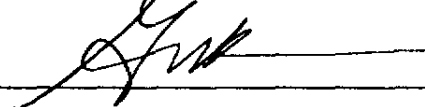
Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on 12/21/04, hereby submits this Certificate of Cancellation.

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

Dissolution of Business in Florida

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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