

A0600000000637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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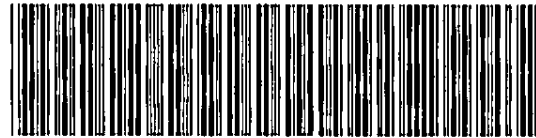
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE MARK AND LAWN VOCCI FAMILY LIMITED PARTNERSHIP  
(Name of Partnership)

DOCUMENT NUMBER: A06000000637

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

Please return all correspondence concerning this matter to the following:

MARK VOCCI

(Name of Person)

40 VOCCI FAMILY

(Firm/Company)

34324, PARK LANE

(Address)

LEESBURG, FL. 34788

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK VOCCI

(Name of Person)

at ( 352 ) 406-7698

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

MAILING ADDRESS:

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

### CANCELLATION OF PARTNERSHIP STATEMENT

Pursuant to section 620.8105(7), Florida Statutes, this partnership submits the following to cancel a partnership statement:

(Note: A cancellation of a partnership statement cannot be filed with the Florida Department of State unless the partnership statement being canceled was previously filed and is of record with this office.)

FIRST: The name of the partnership is: THE MARK AND FAWN VOCCI  
FAMILY LIMITED PARTNERSHIP

SECOND: The partnership was registered with the Florida Department of State on 05/10/2006  
and assigned registration number A06000000637.

THIRD: This cancellation cancels the following statement

- ☐ Statement of Partnership Authority filed on \_\_\_\_\_, assigned document number GP \_\_\_\_\_
- ☐ Statement of Dissolution filed on \_\_\_\_\_, assigned document number GP \_\_\_\_\_
- ☐ Statement of Denial filed on \_\_\_\_\_, assigned document number GP \_\_\_\_\_
- ☐ Statement of Dissociation filed on \_\_\_\_\_, assigned document number GP \_\_\_\_\_
- ☐ Statement of Merger filed on \_\_\_\_\_, assigned document number GP \_\_\_\_\_
- ☐ Statement of Limited Liability Partnership Qualification filed on 05/10/06, assigned  
document number LLP A06000000637

FOURTH: Text/Substance of Cancellation:

NO LONGER  
NEEDED

FIFTH: Effective date, if other than the date of filing: 01/02/2018

(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)

NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signed this 2nd day of JANUARY, 2018

Signatures of a partner or authorized person: Mark J. Vocci

Typed or printed name of person signing above: MARK J. VOCCI

Filing Fee:	\$25.00
Certified copy:	\$52.50 (optional)
Certificate of Status:	\$ 8.75 (optional)