

A 0 8 000000569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

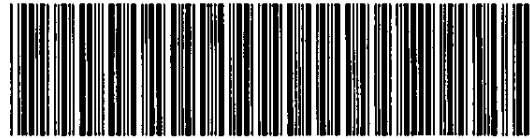
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 14 2014
14 JAN 28 11:10:02
FBI - NEW YORK

J. Shivers JAN 29 2013

657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2014

FRANK DOCKTOR
50 EAST RD APT 9b
DELRAY BEACH, FL 33483

SUBJECT: THE CUMMINGS FAMILY LIMITED PARTNERSHIP
Ref. Number: A08000000509

We have received your document for THE CUMMINGS FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 414A00000906

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Cummings Family Limited Partnership

(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

Frank M Docktor

(Contact Person)

(Firm/Company)

50 East Road Apt 9B

(Address)

Delray Beach, FL 33483

(City, State and Zip Code)

For further information concerning this matter, please call:

Frank M Docktor

at (561)

404-5673

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

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

MAILING ADDRESS:

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

**NOTICE OF CANCELLATION
FOR
FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

The Cummings Family Limited Partnership

(Name of limited partnership or limited liability limited partnership)

Connecticut

(Jurisdiction of formation)

2008

(Date authorized to transact business in Florida)

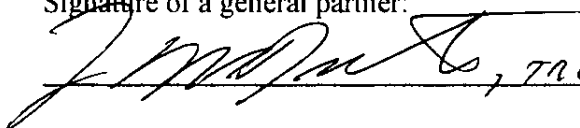
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: February 1, 2014

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:

 FRANK M DOCKTOR, TRUSTEE OF G.P.

Typed or printed name:

Frank M Docktor, Trustee of General Partner

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

14 JAN 28 4:00 PM '14
NOTED
2014 JAN 28 4:00 PM '14