## 09610

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
· · · · · · · · · · · · · · · · · · ·			
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of	Status	
	Certificates of C		
Special Instructions to Filing	Oπicer:		
		i	
	•		

Office Use Only



500242597935

2013 JAN -8 AH 9: 47

JAN - 9 2013 N. Cuiligen



ION SERVICE COMPANY.
ACCOUNT NO. : 12000000195
REFERENCE : 488996 7201546
AUTHORIZATION :
COST LIMIT : \$ 52.50
ORDER DATE : January 8, 2013
ORDER TIME : 4:0 PM
ORDER NO. : 488996-005
CUSTOMER NO: 7201546
FOREIGN FILINGS  NAME: CAROLDALE ASSOCIATES LIMITED PARTNERSHIP
CORPORATE  LIMITED PARTNERSHIP  LIMITED LIABILITY COMPANY
XXXX WITHDRAWAL/CANCELLATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF STATUS
CONTACT PERSON: Harry B. Davis - EXT# 2926

EXAMINER:

FILED 2013 JAN -8 AM 9: 47

SECRETARY OF STATE'
TALLAHASSEE, FLORIDA

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

CAROLDALE ASSOCIATES LIMITED PAR	RTNERSHIP
(Name of limited partnership or limited liabil	ity limited partnership)
Connecticut	
(Jurisdiction of formation	n)
11/13/1980	
(Date authorized to transact busines	s in Florida)
This foreign limited partnership or limited liability lim transacting business in Florida and wishes to cancel its s. 620.1907, F.S.	
This entity appoints the Florida Department of State as rights of action arising out of the transaction of business	
Effective date, if other than the date of filing:  (Effective date cannot be prior to nor more than 90 days after the Department of State.)	
Signature of a general partner:  By Chap  Gene  Typed or printed name:	der Associates LLC eral partner t: Chader Manager LLC monaging menber
Michael Ashrer Pres-RE	By: Newkirk GP LLC Sole member
	30 4 1000
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	BY: Michael Ashne PresRF
	PresRE