

A15389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

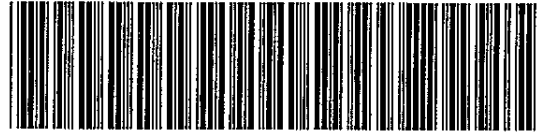
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA

31405

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NRS Associates, Ltd.

(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: A15389

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

Please return all correspondence concerning this matter to the following:

Richard N. Seaman

(Name of Person)

Seaman Corporation

(Firm/Company)

1000 Venture Blvd

(Address)

Wooster, OH 44691

(City/State and Zip Code)

SEAMAN
TALLAHASSEE
FLORIDA

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For further information concerning this matter, please call:

Richard N. Seaman

(Name of Person)

at (

330)

262-1111

(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**

NRS Associates, Ltd.

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this Certificate of Cancellation in order to cancel its registration with the Florida Department of State.



(Signature of a General Partner)

Richard N. Seaman

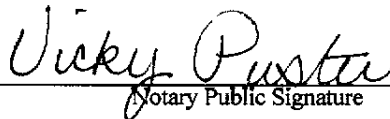
(Typed or Printed name of General Partner Signing Above)

STATE OF

COUNTY OF

On this 16th day of February, 2005,
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____


Notary Public Signature

VICKY PUSTER

Notary Public, State of Ohio Notary's Printed Name

My Commission Expires Sept. 27, 2009

Seal

My Commission Expires: _____

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STATE OF FLORIDA
DEPARTMENT OF STATE