

A16269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

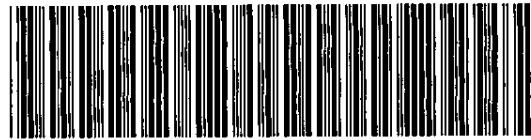
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MAY - 7 2012

EXAMINER



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05/02/12--01009--022 \*\*52.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
12 MAY -2 AM 11:28

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bellegate Associates, A Michigan 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:

Wilma Muncy

(Contact Person)

Sanbreen Company

(Firm/Company)

1000 S Old Woodward Ave., #201

(Address)

Birmingham, MI 48009

(City, State and Zip Code)

For further information concerning this matter, please call:

Wilma Muncy

(Name of Contact Person)

at ( 248 ) 6473250

(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

RECEIVED  
REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
12 MAY - 2 AM 11:28

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

Bellegate Associates, A Michigan Limited Partnership **A16269**

(Name of limited partnership or limited liability limited partnership)

Michigan

(Jurisdiction of formation)

01/24/1984

(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: \_\_\_\_\_

(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: ✓

Joseph Savin

Typed or printed name:

Joseph Savin

<b>Filing Fee:</b>	<b>\$52.50</b>
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY - 2 AM 11:28