- The first of the Part nerstip Corp. Requestor's Name	85
1600 E. Robinson, Suite 400 Address Orlando, F.(. 32803 City/State/Zip Phone #	Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

	1(C	orporation 1	Name)	(Document	#)		
	2(C	orporation 1	Name)	(Document)	¥		
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Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on 35/85, hereby submits this certificate of cancellation.

FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

all assets have been poid all business operations have ceased @ 12/31/42

SECOND: This certificate of cancellation shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signatures of all general partners: lE) Tunkip lasp

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