A19882

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Gity/Glate/Zip/miorie #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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A. LUNT

APR -4 2011

EXAMINER

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Volvaia Two Wests, LLT (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:					
Dany Isanberg (Contact Person) Retail Planning Corporation (Firm/Company) 35 Johnson Ferzy Rd (Address) (Address) (City, State and Zip Code) For further information concerning this matter, please call:					
(Name of Contact Person) at (674) 364 - 301 (Area Code and Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$52.50 Filing Fee and Certificate of and Certified Copy Status \$113.75 Filing Fee, Certified Copy, and Certificate of Status					
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314					

Tallahassee, FL 32301

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

Volusia In	vtesu	nents	LLLR
Volusia In (Name of limited partn	ership or limited	liability limited par	tnership)
C			
	2105		
(Ju	urisdiction of for	mation)	827
	50	usiness in Florida)	200 (190) 201 (190) 201 (190)
(Date authori	ized to transact be	usiness in Florida)	
This foreign limited partnership or I transacting business in Florida and vs. 620.1907, F.S.			
This entity appoints the Florida Deprights of action arising out of the tra			
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	of filing: than 90 days aft	er the date this doci	ment is filed by the Florida
Signature of a general parener:			
Typed or printed name:			
G. Owen	<u>SRow</u>	77	
Filing Fee:	\$52.50	-	
Certified Copy (optional):	\$52.50		
Certificate of Status (optional):	\$8.75		