## A23942

(Re	questor's Name)	<u></u>
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP		MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<b>_</b> ,
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	γ



09/07/05--01057--006 ++113.75

FILED 2005 SEP -7 AH IO: 33 SECRETARY OF STATE TALLAHASSEEL, FLORIDA



## TRANSMITTAL LETTER

то:	Registration Section Division of Corporations		
SUBJE	CT: <u>HKASSOCIATES, LTD</u>		
	(Name of Limited Partnership)		
DOCUI	MENT NUMBER: H 23942		
The enclosed Certificate of Cancellation and fee(s) are submitted for filing.			
Please r	eturn all correspondence concerning this matter to the following:		

(Name of Person) STANLEYM KATZ (Firm/Company)

2 N. Breakers Row Palm Beach FL 33480 (City/State and Zip Code)

For further information concerning this matter, please call:



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

HKASSOCIATES. Ltd. (Insert name currently on file with Florida Dept of State)

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  $\frac{|\nu|/|\beta|/|\beta|}{|\gamma|/|\beta|}$ , hereby submits this Certificate of Cancellation. Certificate of Cancellation.

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

all assets distributed. No fur ther business being conducted.

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:



F ö