

A25210

Marketplace Income Properties
Requestor's Name

P.O. Box 1012
Address

Charlotte, NC 28201-1012
City/State/Zip Phone #

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
98 SEP -8 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment <i>Cancellation</i>
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

200002633642--8
-09/08/98--01057--001
*****52.50 *****52.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

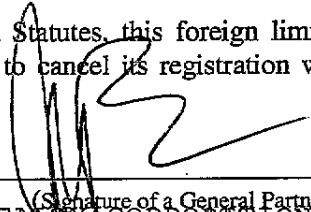
REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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**CERTIFICATE OF CANCELLATION
FOR**

Marketplace Income Properties, a North Carolina Limited Partnership
(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)
ISC REALTY CORPORATION
J. Christopher Boone, President

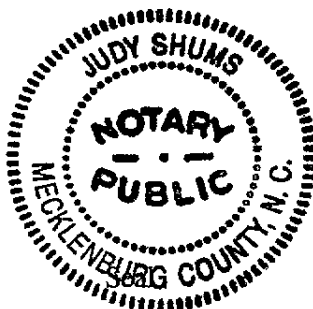
(Typed or Printed name of General Partner Signing Above)

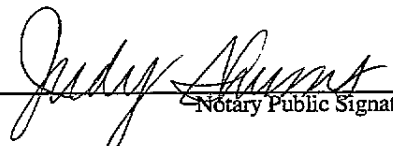
STATE OF North Carolina

COUNTY OF Mecklenburg

On this 4th day of September, 19 98, J. Christopher Boone
personally appeared before me,

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





Notary Public Signature
Judy Shums

Notary's Printed Name

My Commission Expires: April 26, 1999

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TALLAHASSEE, FLORIDA