

A25866

REGISTRATION SECTION
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314-6327

RE: TLI LIMITED PARTNERSHIP
PO BOX 739
TROY, OHIO 45373
DOCUMENT # A25866

100002355931--2
-11/24/97--01146--007
*****52.50 *****52.50

TO WHOM IT MAY CONCERN:

THE FOLLOWING LIMITED PARTNERSHIP IS WITHDRAWING FROM DOING BUSINESS IN FLORIDA. THE PARTNERSHIP SOLD IT'S PROPERTY THAT WAS OWNED IN FLORIDA IN JANUARY, 1997. PLEASE REMOVE OUR PARTNERSHIP FROM YOUR FILES. I AM ENCLOSING A COPY OF THE FRONT PAGE OF THE 1998 ANNUAL REPORT FOR YOUR INFORMATION.

SINCERELY,

William H. Hobart

WILLIAM H. HOBART, LIMITED PARTNER

FILED
97 NOV 24 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Availability	
Document Examiner	DCC
Notary	DCC
Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

*See annual report
for signature &
notary.*

Cancellation

**CERTIFICATE OF CANCELLATION
FOR**

TLI 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.

STATE OF _____

COUNTY OF _____

*See attached
letter and notary
signing on Annual
Report*

On this _____ day of _____, 19____, _____
personally appeared before me,

☐

who is personally known to me

☐

whose identity I proved on the basis of _____

FILED
97 NOV 24 PM 2 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Notary Public Signature

Notary's Printed Name

Seal

My Commission Expires: _____

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	
1. Name of Limited Partnership TLI LIMITED PARTNERSHIP		1a. DOCUMENT # A25866	
Mailing Address P. O. BOX 739 TROY OH 45373		Principal Office Address C/O HOBART BROTHERS COMPANY HOBART SQUARE, 600 W. MAIN TROY OH 45373	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 01/29/1988		5a. Capital Contributions as Shown on record. \$50,000.00	
3a. Date of Last Report 10/08/1996		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation OH		6. FEI Number 31-1228013	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent HOBART BROTHERS COMPANY C/O WOLLARD AIRPORT EQUIPMENT, INC. 6970 NORTHWEST 77TH COURT MIAMI, FL FL 33166		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s) HOWELL, MARCIA H. BRAVO, LUCIA H. HOBART, WILLIAM H. HOBART, PETER	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2005 COVE DR. 210 RIDGE AVENUE 250 RIDGE AVENUE INTEREXOTHERME S.R.L.	11b. City, State & Zip Code VERO BEACH FL TROY OH TROY OH ROME, ITALY	11c. Registration/Document Number
SWORN TO AND SIGNED IN MY PRESENCE THIS 2ND DAY OF OCTOBER, 1997 by WILLIAM H. HOBART			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) of the Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner and am duly authorized to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE <u>William H. Hobart, General Partner</u> DATE <u>10/2/97</u> Typed or Printed Name of General Partner Signing Form <u>WILLIAM H. HOBART</u> Daytime Telephone Number <u>937-555-2545</u>			

CR2E003 (6/97)