A26765 4

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP		WAIT	MAIL
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Spécial Instructions t	o Filing C)fficer:	
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Jocement Examiner	DCC Offic	e Use Only	
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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

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SUBJECT: <u>Garden Delights L+D</u>. (Name of Limited Partnership) DOCUMENT NUMBER: <u>A 26765</u>

The enclosed Certificate of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person) Garden Deligh ts LtD. 149 Ocean Pines Terrace Jupiter, L <u>33477</u> (City/State and Zip Code) For further information concerning this matter, please call: (Π) at (<u>561</u>) <u>747-0</u> (Area Code & Daytime Telephone George

Enclosed is a check for the following amount:

🕱 \$52.50 Filing Fee

Certificate of Status

\$105.00 Filing Fee & for Certified Copy (additional copy is enclosed)

\$113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Garden Delights 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 $\underline{721/988}$, hereby submits this ________. Certificate of Cancellation.

FIRST: Reason for cancellation: (State why partnership is submitting cancellation) Out of Business. Franchise Ended - Lease not renewed.

SECOND: This Certificate of Cancellation shall be effective at the time of its filling with the Florida Department of State.

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THIRD: Signatures of all general partners:

B. George Topit