

# A30124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

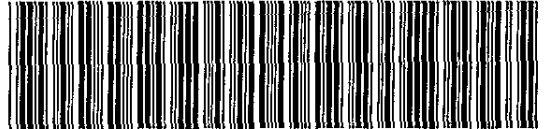
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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03/04/03 -01001--018 \*\*52.50

*PKL*

FILED  
03 MAR -3 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ALPHA MAX, L.P.**

*Reynolds Plaza, Suite 200  
1061 East Indiantown Road  
Jupiter, Florida 33477*

*Tel (561) 743-6733  
Fax (561) 743-6793*

03 MAR -3 AM 9:40  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 26, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Tax ID# 13-3139230  
ALPHA MAX, L.P.


Dear Sir or Madam:

Enclosed please find our Certificate For Cancellation along with a check in the amount of \$52.50 to cover the filing fee. Please mail the acknowledgement to Christine DeMar, c/o York Management & Research, Inc., 1061 E. Indiantown Road, Suite 200, Jupiter, Florida 33477.

Should you need anything further, please contact Christine at 561-743-6733, extension 203.

Thank you for your help and cooperation in this matter.

Sincerely,



David J. S. Nicholson  
General Partner

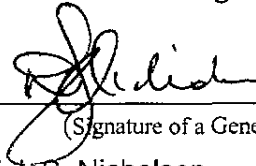
DJSN/cdm  
Enclosures

**CERTIFICATE OF CANCELLATION  
FOR**

ALPHA MAX, L.P.

(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)

David J. S. Nicholson

(Typed or Printed name of General Partner Signing Above)

STATE OF FLORIDA

COUNTY OF PALM BEACH

On this 26 day of February, 2003,

personally appeared before me,

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



Notary Public Signature

\_\_\_\_\_  
Notary's Printed Name

Seal

My Commission Expires:

