

A32208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

A32208

(Document Number)

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Certificates of Status 1

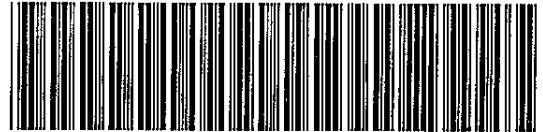
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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G. Terrence Securities Limited Partnership
(Name of Limited Partnership)

DOCUMENT NUMBER: A32208

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

Please return all correspondence concerning this matter to the following:

Valerie A. Sullivan
(Name of Person)

(Firm/Company)

P.O. Box 563
(Address)

Worthington, MA 01098
(City/State and Zip Code)

For further information concerning this matter, please call:

Valerie Sullivan at (413 - 664- 4725 work)
(Name of Person) (Area Code & Daytime Telephone Number)
(413) 238-0353

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☒ \$61.25 Filing Fee &
Certificate of Status

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

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**CERTIFICATE OF CANCELLATION
FOR**

G. Terrence Securities Limited Partnership
(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 November 12, 1996, hereby submits this Certificate of Cancellation.

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

My father, G. Terrence Sullivan, recently passed away. As remaining General Partner, I, Valerie Sullivan, along with the other limited partners have agreed to dissolve the partnership at this time.

Enclosure: Florida Certificate of Death for G. Terrence Sullivan

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:

Valerie A. Sullivan

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