

**A93000000149**

Requestor Name

Address

City/State/Zip

Phone #

Office Use Only

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

1. 29 West Associates, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
MAY 16 PM 14:56  
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 type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-05/16/02--01020--009  
\*\*\*\*\*122.50 \*\*\*\*\*61.25

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

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

BK

RECEIVED  
02 MAY 16 AM 10:14  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Examiner's Initials

**CERTIFICATE OF CANCELLATION  
FOR  
29 WEST ASSOCIATES LTD.**

**FILED**  
02 MAY 16 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provision of Section 620.113, Florida Statutes, this Florida limited partnership, whose Certificate of Limited Partnership was filed with the Florida Department of State on February 15, 1993, hereby submits this Certificate of Cancellation.

**FIRST:** This Certificate of Cancellation is being filed because 29 West Associates Ltd. has elected to be completely liquidated and dissolved.

**SECOND:** This Certificate of Cancellation shall be effective as of the time of its filing with the Florida Department of State.

IN WITNESS WHEREOF, the undersigned being the sole General Partner of 29 West Associates Ltd. has duly executed this Certificate of Cancellation on this 30<sup>th</sup> day of APRIL, 2002.

HALF MOON OF SOUTH FLORIDA, INC.,  
General Partner of 29 West Associates Ltd.

By: \_\_\_\_\_

Linburgh Martin, President