

A930000000280

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

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

1- L SCHIEFERDCKER LIMITED PARTNERSHIP

2- _____

3- _____

4- _____

EFFECTIVE DATE

12-31-99

99 DEC 29 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

☒ Profit

☐ Non-Profit

☐ Limited Liability

☐ Domestication

☐ Other

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☒ Dissolution/Withdrawal

☐ Merger

600003083196
-12/29/99--01069--023
****105.00 ****105.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 DEC 29 AM 11:56

RECEIVED

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ Name Reservation

REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

Examiner's Initials

JP
12-29-99

**CERTIFICATE OF CANCELLATION OF
LIMITED PARTNERSHIP**

The undersigned being all of the General Partners and Limited Partners hereby make, acknowledge, swear to and file this Certificate of Cancellation of Limited Partnership for L. Schieferdecker Limited Partnership, hereinafter referred to as the Partnership, pursuant to Fla. Stat. §620.113 and Section 15.5 of the Agreement of Shareholder Limited Partnership of L. Schieferdecker Limited Partnership.

1. The name of the limited partnership is the L. Schieferdecker Limited Partnership.
2. The Certificate of Limited Partnership was filed on January 20, 1993.
3. The reason for filing the Certificate of Cancellation of Limited Partnership is that all assets of the partnership have been distributed pursuant to a written agreement of all partners to terminate the Limited Partnership.
4. The effective date of the Certificate of Cancellation of Limited Partnership is December 31, 1999.

IN WITNESS WHEREOF, the General Partners and Limited Partners have hereunto set their hands and seals this 28 day of December, 1999.

Signed, Sealed and Delivered
in the presence of:

Alice M. Sopkin
Witness: Alice M. Sopkin

Walter L. Schieferdecker
WALTER L. SCHIEFERDECKER

99 DEC 29 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Paula Deschenes
Witness: Paula Deschenes

Diane M. Langley
Witness: Diane M. Langley

Howard A. Schieferdecker
HOWARD A. SCHIEFERDECKER

Deborah L. Marshall
Witness: Deborah L. Marshall

STATE OF CONNECTICUT
COUNTY OF MIDDLESEX

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared, WALTER L. SCHIEFERDECKER, who is personally known to me or produced _____ (type of identification) as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 23 day of December, 1999.



NOTARY PUBLIC

Print Name: Nelson J. Idler

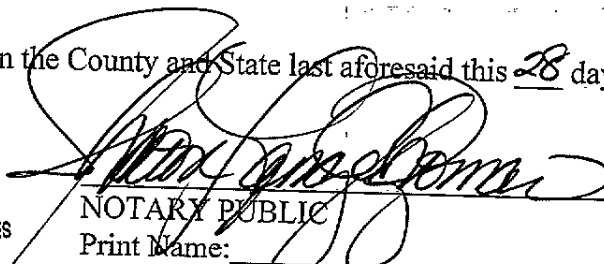
Commission No.: N/A

My Commission Expires: 3-31-2000

STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared, HOWARD A. SCHIEFERDECKER, who is personally known to me or produced _____ (type of identification) as identification.

WITNESS my hand and official seal in the County and State last aforesaid this 28 day of December, 1999.



NOTARY PUBLIC

Print Name: _____

Commission No.: _____

My Commission Expires: _____



Sharon Langley Thomas
MY COMMISSION # CC794401 EXPIRES
January 3, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

99 DEC 29 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED