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CLERK OF COURT
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

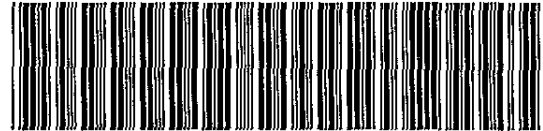
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PA 11

William E. Fox

PO Box 1646 271 Aqua Court, Naples Florida 34106
239.262.3104 FAX: 239.261.6451

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 9, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Gentlemen:

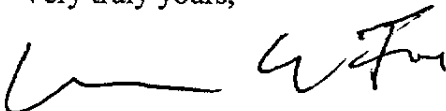
Enclosed find paperwork to cancel W.E. Fox Mortgage Company LTD in accordance with section 620.113, Florida Statutes.

This entity is ceasing business and closing down this month in accordance with the attached form.

Also enclosed is our check for \$105.00, \$52.50 for filing fee and \$52.50 for a certified copy of the Amendment. Please forward the Certified Amendment to me at the address above.

Thank you for handling this.

Very truly yours,



William E. Fox

Enclosure

CERTIFICATE OF CANCELLATION
FOR

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WE Fox Mortgage Company LTD.

(Insert name currently on file with Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 April 1993,
hereby submits this certificate of cancellation.

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

Partnership ceasing business and
closing down

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:

_____ E Fox, general partner

_____ E Fox, president, WE Fox mortgage GP Corp