

A 93000000960

Stephen Roberts

Requestor's Name

11035 Phoenix Way

Address

Naples, FL 34119

City/State/Zip

Phone #

700002711397--S  
-12/14/98--01064--008  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

Office Use Only

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

1. Cripple Creek Limited Partnership CM  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

A93-960

- ☐ 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 type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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

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

FILED  
98 DEC 14 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

## CERTIFICATE OF CANCELLATION FOR

CRIPPLE CREEK LIMITED PARTNERSHIP

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

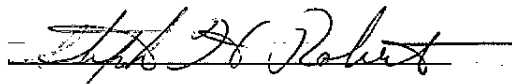
Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on 9/23/93, hereby submits this certificate of cancellation.

**FIRST:** Reason for cancellation: (State why partnership is submitting cancellation)  
Capitalization dropped below minimum level.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:



\_\_\_\_\_

\_\_\_\_\_