

# A93000000974

SLD Atlantic Plaza  
 Requestor's Name

Address

City/State/Zip Phone #

Office Use Only

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

1. SLD ATLANTIC PLAZA LTD  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

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 \*\*\*\*\*52.50 52.50

- 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  
 00 FEB 15 PM 1:38  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
 W 2/18

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

February 1, 2000

SLD ATLANTIC PLAZA, LTD.  
710 LAKE DRIVE  
BOCA RATON, FL 33432

SUBJECT: SLD ATLANTIC PLAZA, LTD.  
Ref. Number: A93000000974

We have received your document for SLD ATLANTIC PLAZA, LTD.. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 487-6911.

Brenda Tadlock  
Sr. Corporate Section Administrator

Letter Number: 300A00004783

FILED  
00 FEB 15 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CERTIFICATE OF CANCELLATION  
FOR**

SLD Atlanta Plmth LTD

(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 2/2/00, hereby submits this certificate of cancellation.

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

OUT OF BUSINESS - and I still  
HAVE TO PAY 70052 DOLLARS  
B. S.

**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:

[Signature]

**FILED**  
00 FEB 15 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA