

**A93000001079**

CORPORATION SYSTEM

CORPORATION(S) NAME

Florida Natural Fuels, Ltd.

0

FILED  
01 DEC 27 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                         | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit                      | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Foreign                        | <input type="checkbox"/> Reinstatement          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Change of RA       |
| <input type="checkbox"/> LLC - <i>cancellation</i>      | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> UCC                |
| <input checked="" type="checkbox"/> Certified Copy      | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Photocopies                    |   |   |
| <input type="checkbox"/> Call When Ready                | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In             | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                       |   |   |

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TALLAHASSEE, FLORIDA

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
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Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

12/27/01

Order#: 5012478

600004741576--9  
-12/27/01--01045--026  
Ref#: \*\*\*\*\*52.50 \*\*\*\*\*52.50  
600004741576--9  
-12/27/01--01045--027  
Amount: \$ \*\*\*\*\*52.50 \*\*\*\*\*52.50

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850. 222 1092  
Fax 850 222 7615



**CERTIFICATE OF CANCELLATION  
OF LIMITED PARTNERSHIP  
FLORIDA NATURAL FUELS, LTD.**

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TALLAHASSEE, FLORIDA

The undersigned, for the purpose of canceling a limited partnership pursuant to Section 620.113 of the Florida Revised Uniform Limited Partnership Act, do hereby certify as follows:

1. The name of the limited partnership is:

FLORIDA NATURAL FUELS, LTD.

2. The date of filing the Certificate of Limited Partnership was:

October 19, 1993

3. The purpose for filing the Certificate of Cancellation is:

The purpose for which the limited partnership was formed has ceased to be favorable to either party of the partnership.

4. The effective date of the Certificate of Cancellation shall be:

The cancellation shall be effective at the time of filing with the Florida Department of State.

IN WITNESS WHEREOF, the undersigned general partners have duly executed this Certificate of Cancellation this 18th day of December 2001.

**SUWANNEE GAS MARKETING, INC.**

General Partner

By: 

**EL PASO ENERGY VENTURES INC.**

General Partner

By:  