## A94000000251

| · (Requestor's Name)                    |
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| (Address)                               |
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| (Address)                               |
| (Marcoo)                                |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (,                                      |
| Carliera Carrier                        |
| Certified Copies Certificates of Status |
| •                                       |
| Special Instructions to Filing Officer: |
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| L. SELLERS                              |

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MAY - 2 2008

**EXAMINER** 



000123862980

04/30/08--01068--003 ++122.50

SECRETARY OF STATE

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |
|--|--|--|
| SUBJECT: Lois Lane LTD (Name of Florida Limited Partnership or Limited Liability Limited Partnership)  |  |  |
| The enclosed Statement of Termination and fee(s) are submitted for filing.   |  |  |
| Please return all correspondence concerning this matter to:  |  |  |
| Joetta Newman<br>(Contact Person)  |  |  |
| (Firm/Company)   |  |  |
| 219 Spanish Oak Trail<br>(Address)   |  |  |
| Longwood, Florida 32779<br>(City, State and Zip Code)  |  |  |
| For further information concerning this matter, please call:   |  |  |
| Toetta Newman at (407)222-1602 (Name of Contact Person) (Area Code and Daytime Telephone Number  |  |  |
| Enclosed is a check for the following amount:  |  |  |
| \$52.50 Filing Fee and Certificate of Status  \$105.00 Filing Fee Certified Copy Certificate of Status   |  |  |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 |  |  |

## STATEMENT OF TERMINATION FOR

| Lois   | Lane LTD  |
|--|---|
| (Name of Florida Limited P   | artnership or Limited Liability Limited Partnership)  |
|  |   |
|  | n 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the 2/28/94, hereby submits this |
| The limited partnership or limited l its affairs and wishes to file a stater | iability limited partnership has completed winding up nent of termination.  |
| Signatures of each general partner of s. 620.1803(3) or (4), F.S.:           | or the person appointed pursuant to   |
| Jacta B Newm   |   |
| Opersonal representative   | e   |
| Willie B. Newman)  |   |
|  |   |
| Filing Fee:  | \$52.50   |
| Certified Copy (optional):   | \$52.50   |
| Certificate of Status (optional):  | \$8.75  |