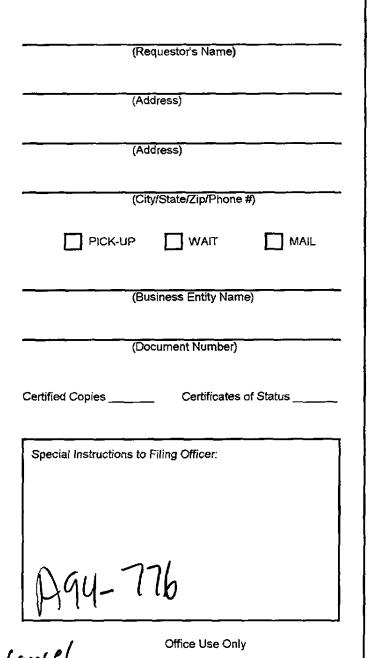
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2015 JAN 31 PH 2: 09
SECRE ASSESSED FLORIDA
TALLAHASSES FLORIDA

TRANSMITTAL LETTER

TO: Registration Sec Division of Con				
SUBJECT: HODEL F	AMILY LIMITED PARTNER	RSHIP		_
(Name of Limited Partnership)				
DOCUMENT NUMBE	R: <u>A94000000776</u>			_
The enclosed Certificate	of Cancellation and fee(s) are	submitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Michael E. O'Connor			
		Name of Person)		
Morgan, C	Carratt and O'Connor, P.A.			
(Firm/Company)				
111 SE 12th Street				
		(Address)		
Fo	ort Lauderdale, FL 33316			
	(City	/State and Zip Code)		
For further information c	oncerning this matter, please c	all:		
Michael E. O'Connor		at (_954)	728-8585	
(Name of Person)		(Area Code & Daytime Telephone Number)		
Enclosed is a check for the	ne following amount:			ZOO SE
□ \$52.50 Filing Fee	☐ \$61.25 Filing Fee & Certificate of Status	\$105.00 Filing Fee Certified Copy (additional copy is er)	Certificate nclosed) Certified C	of Status &
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399		Registrati Division o P.O. Box	G ADDRESS: ton Section of Corporations 6327 ee, Florida 32314	PH 2: 09

CERTIFICATE OF CANCELLATION

FOR

HODEL FAMILY LIMITED PARTNERSHIP

Pursuant to the provisions of Florida Statute §620.113, this Florida limited partnership, whose certificate was filed with the Florida Department of State on June 9, 1994, hereby submits this Certificate of Cancellation.

FIRST:

Reason for cancellation: The partnership has been dissolved.

SECOND: This Certificate of Cancellation shall be effective at the time of its filing with the Florida Department of State.

THIRD:

Signature of general partner:

Robert M. Hodel

SECRETARY DILLIANE