

A94 0000001837

SCHNEIDER, SMELTZ, RANNEY & LAFOND P.L.L.

JOHN E. SMELTZ
PHILLIP A. RANNEY
THOMAS J. LAFOND
JAMES D. VAIL
JANICE EDGEHOUSE RIETH
JAMES P. FARMER, JR.
CHESTER L. SUMPTER
CHARLES F. ADLER*
JONATHAN L. STARK
J. PAUL FIDLER
JESSICA L. FLICKINGER
JARED S. RAY

*ALSO ADMITTED TO
PRACTICE IN FLORIDA

SUITE 1000
1111 SUPERIOR AVENUE
CLEVELAND, OHIO 44114-2507

TELEPHONE (216) 696-4200
FACSIMILE (216) 696-7303

LAW FIRM
ESTABLISHED
1895

HUBERT H. SCHNEIDER
(1902-1994)

October 9, 2000

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-10/13/00--01060--017
*****52.50 *****52.50

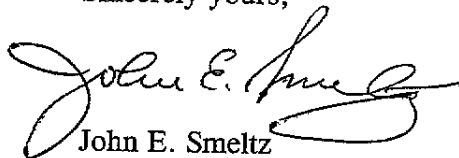
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

I enclose the original and a copy of the Certificate of Cancellation of the Maxine H. Forward Family Limited Partnership No. 2, together with a check payable to the Department of State for \$52.50.

Please time-stamp the copy of the Certificate and acknowledge to the undersigned, John E. Smeltz, at 1111 Superior Avenue, Suite 1000, Cleveland, Ohio 44114-2507, that the registration is cancelled and nothing further is required. My telephone number is (216) 696-4200. I enclose a self-addressed, stamped envelope for your convenience.

Sincerely yours,


John E. Smeltz

FILED
OCT 13 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JES:bhc
Enclosures

mtm
10/18

A94-1837

**CERTIFICATE OF CANCELLATION
FOR**

Maxine H. Forward Family Limited Partnership No. 2

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

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.

Maxine H. Forward

(Signature of a General Partner)

Maxine H. Forward

(Typed or Printed name of General Partner Signing Above)

STATE OF OHIO

COUNTY OF CUYAHOGA

On this 7th day of October, 192000, Maxine H. Forward

personally appeared before me, **Error! Switch argument not specified.**

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____

John E. Smeltz
Notary Public Signature

John E. Smeltz

Notary's Printed Name

JOHN E. SMELTZ, Attorney
NOTARY PUBLIC - STATE OF OHIO
My commission has no expiration date.
Section 6333.02-2

Seal

My Commission Expires: _____