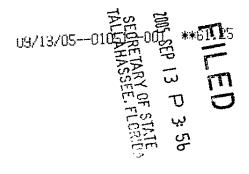
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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: RSM-MORRISON FAMILY LIMITED PARTNERSHIP NO. 1 (Name of Limited Partnership)					
DOCUMENT NUMBER: A95000000855					
The enclosed Certificate of Cancellation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
KRISTEN E. SIMMONS					
(Name of Person)					
OSHINS & ASSOCIATES, LLC					
(Firm/Company)					
1645 Village Center Circle, Suite 170					
(Address)					
Las Vegas, Nevada 89134					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
KRISTEN E. SIMMONS at (702 ) 341-6000, Ext. 75					
(Name of Person) (Area Code & Daytime Telephone Number)					
ASS.					
Enclosed is a check for the following amount:					
\$52.50 Filing Fee \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$					

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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RSM-MORRISON FAMILY LIMITED PARTNERSHIP NO. 1

## CERTIFICATE OF CANCELLATION FOR

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

•	artnership, whose hereby submits this	
Certificate of Cancellation.		
FIRST: Reason for cancellation: (State why partnership is submitting cancellation) Dissolution of partnership	ı	
SECOND: This Certificate of Cancellation shall be effective at the time of its filing Department of State.	TALE	ก
Department of State.	with the Horida	
THIRD: Signatures of all general partners:	SEE T	
	FLORIE FLORIE	•
Amalellain harrison		
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