

A960000005866

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

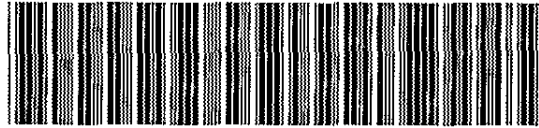
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03/10/03--01020--004 **35.00

03/10/03--01020--005 **17.50

03 MAR 10 PM 2:14

RECEIVED

03 MAR 10 AM 10:08

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

\$17.50

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP

3.10.03

Alinda

☐ CERTIFIED COPY

☐ CUS

☒ PHOTO COPY

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Ltd. Cancellation

1.) Pine Ridge Golf Center, Ltd.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

"When you need ACCESS to the world"

CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

\$17.50

**CERTIFICATE OF CANCELLATION
FOR PINE RIDGE GOLF CENTER, LTD.**

Pursuant to the provisions of Section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on _____, 19____, hereby submits this certificate of cancellation.

FIRST: Reason for cancellation: The Florida limited partnership has been dissolved and the winding up of the affairs of the said Florida limited partnership have been completed.

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

This certificate for Pine Ridge Golf Center Ltd. is signed by its Sole General Partner, Southwest Florida Golf Range Development, Inc.

Southwest Florida Golf Range Development, Inc., a Florida Corporation
General Partner


By: Jon F. Ebert, President

STATE OF Florida
COUNTY OF Lee

Execution of the foregoing instrument was acknowledged before me this 6 day of January, 2002, 2003 by Jon F. Ebert, who are ☒ personally known to me or () have produced _____ as identification and who () did or () did not take an oath.

Signature of Notary Public _____
Type/Print Name of Notary _____
Commission Number _____
Commission Exp. Date _____

Prepared by:

Richard T. Cotter, P.A.
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P.O. Box 6868
Fort Myers Beach, FL 33932-6868
(239) 463-5793

