

A 96000001069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

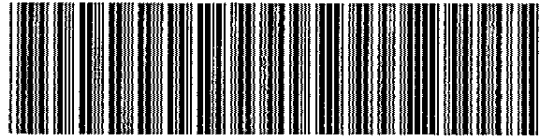
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800040119718

12/15/04--01005--007 **61.25

FILED
2004 DEC 15 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W
12/23/04 Yp



BLANCO
TACKABERY
COMBS &
MATAMOROS, P.A.

ATTORNEYS AND COUNSELLORS AT LAW

P.O. DRAWER 25008
WINSTON-SALEM, NC 27114-5008

STRATFORD POINT BLDG. - 5TH FLOOR
110 SOUTH STRATFORD ROAD
WINSTON-SALEM, NC 27104-4299

CYNTHIA M. BALEY
EXT. 3027
CMB@BTCMLAW.COM

TELEPHONE
(336) 293-9000
FACSIMILE
(336) 293-9030
Web Site
www.btcmlaw.com

December 8, 2004

Registration Section
Division of Corporations
Florida Secretary of State/Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Certificate of Cancellation

Ladies and Gentlemen:

Enclosed please find a check in the amount of \$61.25, along with a Transmittal Letter and a Certificate of Cancellation for Mo-An of Florida Limited Partnership. I have also enclosed a self-addressed, postage prepaid envelope for a copy to be returned to me.

I thank you for your assistance with this matter. If you have any questions, please feel free to contact me.

Very truly yours,

BLANCO TACKABERY COMBS
& MATAMOROS, P.A.

Cynthia M. Baley,
Legal Assistant to George E. Hollock
and Amy C. Lanning

Enclosures

FILED
2004 DEC 15 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mo-an of Florida Limited Partnership
(Name of Limited Partnership)

DOCUMENT NUMBER: A96000001069

The enclosed Certificate of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy C. Lanning
(Name of Person)

Blanco Tackabery Combs and Matamoros, P.A.
(Firm/Company)

P.O. Drawer 25008
(Address)

Winston-Salem, NC 27114-5008
(City/State and Zip Code)

For further information concerning this matter, please call:

Amy C. Lanning at (336) 293-9057
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input checked="" type="checkbox"/> \$61.25 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$113.75 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 DEC 15 PM 12: 22

FILED

**CERTIFICATE OF CANCELLATION
FOR**

Mo-An of Florida Limited Partnership

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

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 06/06/1996, hereby submits this Certificate of Cancellation.

FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

General partner and limited partners determined by unanimous consent that termination of the limited partnership is in the best interest of the partners.

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

THIRD: Signatures of all general partners:

Mo-An of Tampa, Inc.

By: 

Don G. Angell, President

2004 DEC 15 PM 12: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED