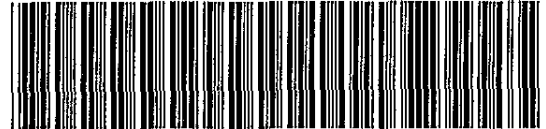


A9600000/806

RECEIVED
2005 SEP 13 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)



Farmers & Merchants Bank 500048044695
P.O. BOX 2967 / THOMASVILLE, GEORGIA 31799-2967

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

A96-1806
(Document Number)

03/14/05--01035--012 **25.00

04/13/05--01025--003 **27.50

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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2005 APR 13 A 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 18, 2005

FARMERS & MERCHANTS BANK
P.O. BOX 2967
THOMASVILLE, GA 31799-2967

SUBJECT: FMB, LTD.
Ref. Number: A96000001806

We have received your document for FMB, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$52.50. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

There is a balance due of \$27.50.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 305A00018856

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

2005 APR 13 A 11: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: FMB, LTD
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: A96000001806

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

Please return all correspondence concerning this matter to the following:

Wilson Caraway
(Name of Person)

FMB, LTD
(Firm/Company)

109 Stratford Way
(Address)

Thomasville Ga 31792
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee &
Certificate of Status

☐ \$105.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

CERTIFICATE OF CANCELLATION
FOR

FILED

2005 APR 13 A 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

fmb, LTD

(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.

[Signature]
(Signature of a General Partner)

F.W. Carraway JR

(Typed or Printed name of General Partner Signing Above)

STATE OF

COUNTY OF

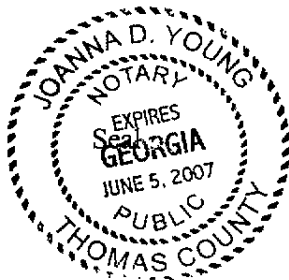
On this 7th day of April, 2005,
personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
Notary Public Signature

Joanna D. Young
Notary's Printed Name



My Commission Expires: 6-5-07