

A9 7000000279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

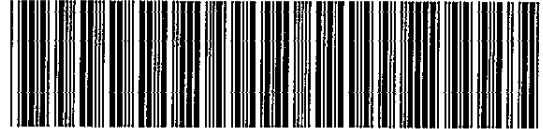
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
NOV 10 PM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

FILED
NOV 25 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 10, 2003

NORMA HULL
CSC
TALLAHASSEE, FL

SUBJECT: THE SAXON FAMILY LIMITED PARTNERSHIP
Ref. Number: A9700000279

FILED
03 NOV 25 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for THE SAXON FAMILY LIMITED PARTNERSHIP and the authorization to debit your account in the amount of \$52.50. However, the document has not been filed and is being returned for the following:

It seems to us that the actual name is THE SAXON FAMILY LIMITED PARTNERSHIP, and it seems that the date the original certificate was filed was January 31, 1997.

PLEASE confirm these matters and correct your document.

ALSO, as the reason for cancellation, you say "to terminate LLC". This should be corrected to "to terminate the limited partnership".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 703A00061229



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 315040 81372A

AUTHORIZATION :

COST LIMIT : \$ 52.50

03 NOV 25 PM 12:42
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : November 10, 2003

ORDER TIME : 1:27 PM

ORDER NO. : 315040-005

CUSTOMER NO: 81372A

CUSTOMER: Ms. Liz Consuegra
Wicker Smith O'hara Mccoy
Floor 5th
2900 S.w. 28th Terrace
Miami, FL 33133

DOMESTIC FILINGS

NAME: SAXON FAMILY LIMITED
PARTNERSHIP, LLP

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT# 1115
EXAMINER'S INITIALS: _____

**CERTIFICATE OF CANCELLATION
FOR**

THE SAXON FAMILY 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 November 2003,
hereby submits this certificate of cancellation. 11/31/97

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

LP

Unanimous agreement to terminate ~~LLC~~ among partners.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Carole J. Saxon
Glenn J. Saxon
Cynthia Lara Palmer
Jennifer Saxon Fleming
Alana Saxon Cole