

197 000000 759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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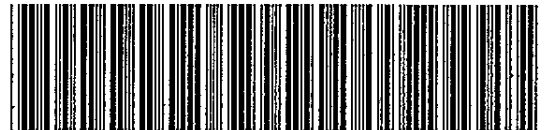
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IOROMA, LTD
(Name of Limited Partnership)

DOCUMENT NUMBER: A97000000759

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

Please return all correspondence concerning this matter to the following:

M. R. PRINCE, CPA
(Name of Person)

M. R. PRINCE, CPA
(Firm/Company)

PO Box 140
(Address)

Chuckey, TN 37641-0140
(City/State and Zip Code)

For further information concerning this matter, please call:

M. R. PRINCE at (423) 7579945
(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

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF CANCELLATION
FOR**

JOROMA, LTD

(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 03/31/1997, hereby submits this Certificate of Cancellation.

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

ASSETS SOLD AND PROCEEDS DISTRIBUTED
TO PARTNERS

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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:

Maurice Porter Gen Partner