

A97000002033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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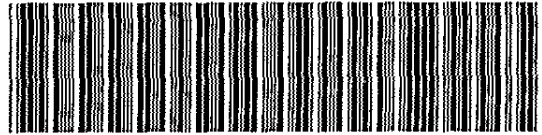
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Acknowledgement DCC

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500020932895

07/03/03--01031--001 **52.50

FILED
03 JUL -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cancellation

July 1, 2003

Florida Secretary of State
Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed are a CERTIFICATE OF CANCELLATION FOR THE
STOCKEL FAMILY LIMITED PARTNERSHIP, document
number A97000002033, and a check for \$52.50.

The contact person is:

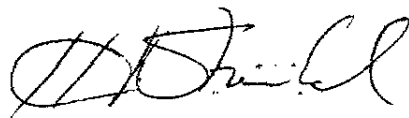
Ivar H. Stockel
4005 Gulf Shore Blvd. N.
#302
Naples, FL 34103

Telephone: 239-434-5527

Acknowledgment should be sent to:

Ivar H. Stockel
4005 Gulf Shore Blvd. N.
#302
Naples, FL 34103

Thank you,



Ivar H. Stockel

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF CANCELLATION
FOR**

THE STOCKEL 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 Dept. of State on 9/19/1997,
hereby submits this certificate of cancellation.

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

AGREEMENT IN WRITING TO DISSOLVE
THE PARTNERSHIP BY ALL PARTNERS.

FILED
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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:

Ivar O. Stockel
Theresa M. Stockel
