## P97111100002409

(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



700061821107

OS DEC 12 PH 3: 15

05 DEC 12 F1112: 46



ACCOUNT NO. : 072100000032

REFERENCE: 750800 4338458

AUTHORIZATION: Condy Harris

COST LIMIT : \$ 105.00

ORDER DATE: December 12, 2005

ORDER TIME : 11:21 AM

ORDER NO. : 750800-020

CUSTOMER NO: 4338458

## **DOMESTIC FILINGS**

NAME: OAIC FLROIDA PARTNERSHIP,

LIMITED PARTNERSHIP

XX\_\_\_ ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_ CERTIFIED COPY

CONTACT PERSON: Cindy Harris - EXT# 2937

EXAMINER'S INITIALS:

## CERTIFICATE OF CANCELLATION **FOR**

OS DEC 12 PM 3: 15 OAIC Florida Partnership, 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 \_\_\_\_\_11/05/97 \_\_\_\_\_, hereby submits this Certificate of Cancellation. FIRST: Reason for cancellation: (State why partnership is submitting cancellation) Written Consent of the General Partner.

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:

OAIC Florida Partnership, Limited Partnership By: Ocwen Florida General, Inc., General Partner

Senior Vice President and Secretary