A97000002677

(Re	questor's Name)	
(Add	dress)	
. (Ad	dress)	
(City	y/State/Zip/Phone i	(f)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name	<u> </u>
(Do	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to I	Filing Officer:	
		3/200
	Office Use Only	



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SECRETARY OF STATE

2005 MAR 23 AM II:

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
DOCUMENT NUMBER: A 970000 2677
The enclosed Certificate of Cancellation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Steffen E. Waltz (Name of Person) DOMINION ACMISONS (Firm/Company) 2414 Exposition Blvd, #D210 (Address) Austin Tx 78703 (City/State and Zip Code)
For further information concerning this matter, please call: Caudace Galbrath at 512 457-8600 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\begin{align*} \begin{align*} \text{\$\frac{1}{2}} \\ \$\frac{

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

(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 12.11.97, hereby submits this			
Certificate of Cancellation.			
FIRST: Reason for cancellation: (State why partnership is submitting cancellation)			
Bartnership is no longer doing business.			
: 1			
SECRETARY PALLAHASSER			
SECRETARY LLLAHASSEE			
SSEE 23			
SECOND. This Cortificate of Concellation shall be affective at the time of its filing with the 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: