

A98000001984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

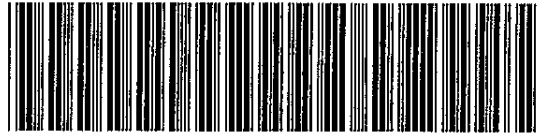
Special Instructions to Filing Officer:

8/4

cancel

A98-1984

Office Use Only



000057781130

08/04/05--01053--002 \*\*52.50

0100628

05 AUG -4 PM 2:26



**NATIONAL DEVELOPER  
OF THE YEAR**



300 S.E. 2nd Street  
Ft. Lauderdale, Florida 33301  
954.627.9350  
954.627.9399 Fax  
stiles.com  
stiles@stiles.com

August 1, 2005

**Via Certified Mail, Return Receipt Requested**

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

Dear Sir/Madame:

We are enclosing herewith Certificate of Cancellation of SFAP, Ltd. along with a check in the sum of \$52.50 to cover the cancellation fee for the limited partnership.

If you have any questions please feel free to contact me at (954) 627-9156.

Sincerely,

**STILES CORPORATION**

A handwritten signature in cursive script, appearing to read 'Judy Sherman'.

Judy Sherman  
Closing Coordinator

Enclosures

**CERTIFICATE OF CANCELLATION  
FOR**

SFAP, 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 8/24/1998, hereby submits this certificate of cancellation.

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

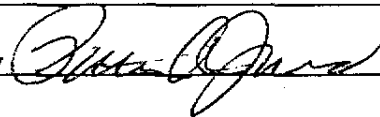
All assets sold and distributed.

**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:

SFAP, INC.

By



Vice President & Secretary

05 AUG -4 PM 3:26