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(Re	equestor's Name)	
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D PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

TO:

Registration Section

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Division of Corp	porations		
SUBJECT:	ASI PARTNERS,	LTD.	
	(Name o	f Limited Partnership)	<del></del>
DOCUMENT NUMBE	R: A9800002	243	
The enclosed Certificate	of Cancellation and fee(s) are	submitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Marian Hya	att Sbar Name of Person)	
	AdvanTe	ech Solutions	
	(	Firm/Company)	<del></del>
	1410 N. Westshore Bould	evard, Suite 600	
		(Address)	<del></del>
	Tampa, Florida :	33607	
<del></del> -	(City/	State and Zip Code)	
For further information co	oncerning this matter, please o	ail:	STOCK IS OF WILLIAMSSEE IN
Marian Hyatt S	bar	at (813 ) 207-859	
	(Name of Person)	(Area Code & Daytime	Telephone Number 6
			<b>\$</b> # 45
Enclosed is a check for th	e following amount:		
Ø \$52.50 Filing Fee	☐ \$61.25 Filing Fee & Certificate of Status	Signature 105.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	CT ADDRESS: ation Section	MAILING ADDRE Registration Section	SSS:

Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

## CERTIFICATE OF CANCELLATION FOR

	ASI PARTNERS, LTD.			
	(Insert name currently on file with Florida Dept. of State)		_	
Pursuant to the provis	sions of section 620.113, Florida Statutes, this Florida lin	nited partnership, v	vhose	
certificate was filed with the Florida Department of State on 9/22/1998		, hereby subm	_, hereby submits this	
Certificate of Cancell	ation.			
	cancellation: (State why partnership is submitting cancel ertificate is being cancelled in accordance with the date for ca	· ·	the Limited	
	ificate of Cancellation shall be effective at the time of it	TALLAHAS		
SECOND: This Cert Department of State.	ificate of Cancellation shall be effective at the time of it.	s filing with the Flo	orida II	
THIRD: Signatures	of all general partners:	ORIDA	9ે જ	
	AGENCY SOLUTIONS FLORIDA, INC.,			
	By: Robert W. Reagan, President,			
	Rolet w. Noon			