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÷	TRANSMITTAL LETTER	
	TO: Registration Section Division of Corporations	
	SUBJECT:THE VETRANE FAMILY LIMITED PARTNERSHIP	
	(Name of Limited Partnership)	
	DOCUMENT NUMBER: 593561218	
	The enclosed Certificate of Cancellation and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following:	
	Philip F. Nohrr, Esq. (Name of Person)	
	(Name of reason)	
	GrayRobinson, P.A.	
	(Firm/Company)	
	P.O. Box 1870	TALE 05
	(Address)	ARE
	Melbourne, FL 32902- 1870	ASS .
	(City/State and Zip Code)	ma z mi
	For further information concerning this matter, please call:	AM 11: 22 EEF, FLORID
	Philip F. Nohrr, Esqat (321727-8100	Ā
	(Name of Person) (Area Code & Daytime Telephone Number)	_
	Enclosed is a check for the following amount:	
	□ \$52.50 Filing Fee □ \$61.25 Filing Fee & □ \$113.75 Filing Fee, Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
•	STREET ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations409 E. Gaines StreetP.O. Box 6327Tallahassee, Florida 32399Tallahassee, Florida 32314	

CERTIFICATE OF CANCELLATION FOR

THE VETRANE 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 Department of State on <u>February 17,1999</u>, hereby submits this Certificate of Cancellation.

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

No longer any need for the limited partnership as all of its assets have been transferred and its debts paid. All of the partners have agreed to terminate the limited partnership.



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:

DAVID D. VETRANE, sole general partner