Requester's Name 10245 Collins Ave Address Bal Harland, FL 33 City/State/Zip Phone #	134	006/5
		Office Use Only
CORPORATION NAME(S) & DOCUM	IENT NUMBER(S), (i	f known):
1. (Corporation Name)	(Document #)	
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2. (Corporation Name)	(Document #)	
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3. (Corporation Name)	(Document #)	*****52.50 *****52.50
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☐ Walk in ☐ Pick up time		Certified Copy S
☐ Mail out ☐ Will wait	☐ Photocopy	Certificate of Status
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Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of F Change of Regis Dissolution/With	
OTHER FILINGS	REGISTRATION/O	<u>DUALIFICATION</u>
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partners Reinstatement Trademark Other	(VL
		Examiner's Initials

CR2E031(7/97)

CERTIFICATE OF CANCELLATION FOR

TED WOLF 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,
hereby submits this certificate of cancellation.
FIRST: Reason for cancellation: (State why partnership is submitting cancellation)
DUE TO THE DOWNWARD AND POOR ECONOMY, THE PARTNERS IN THIS PARTNERSHIP DECIDED TO PULL OUT OF THE STOCK MARKET AND LIQUIDATE THEIR HOLDINGS, THUS TERMINATING THE PARTNERSHIP. THIS IS EFFECTIVE AS OF 12/31/01.

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:

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