A990000000000

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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09/12/05--01048--003 **52.50

M. HODGES

ECHETARY STATE

SCHECT: VIEW PROPERTIES, LTD

Others of Limits Prescribe;

DOCUMENT NUMBER: A 99 000000 699.

The enclosed Certificate of Concention and lectry on submitted for filing.

Please request of correspondence concerning discussive to the Solivotty: DIANE WILKS 651 DOM BISHOW ROAD

SANTA ROS BOOK FL 38459 DIANE WILKS at (\$50), 267-4949
(Area Cole & Daylane Telephone Nander)

CERTIFICATE OF CANCELLATION FOR

VIEW PROPERTIES, LTD.
(Items connectly on 5th with Frields 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 -4, 23, 1/391, bereby submits this Certificate of Cascellation.

son for cancellation: (State why partnership is submitting cancellation)

Business of partnership was concluded. There are no assets or liabilities.

THIRD: Signatures of all general partners:

Vious Praparties, and By: Diani William Sec/treas DIAME WILKS

FILED

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SELRE INLY 3-15TE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VIEW PROPERTIES, LTD (Name of Limited Partnership)	
DOCUMENT NUMBER: A 99 00000 692	
The enclosed Certificate of Cancellation and fec(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DIANE WILKS (Name of Person)	
(Firm/Company)	
651 DON BISHOP ROAD	
Santa Rosa Beach, FL 32459 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (850), 267-4949 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$52.50 Filing Fee \$\ \bigcup \\$61.25 Filing Fee \& \bigcup \\$105.00 Filing Fee \& \bigcup \\$113.75 Filing Fee, Certificate of Status \$\ \text{Certified Copy} & \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \end{additional copy is enclosed}	;d)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CERTIFICATE OF CANCELLATION FOR

VIEW PROPERTIES, 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 $4/28/1999$, hereby submits this Certificate of Cancellation.
FIRST: Reason for cancellation: (State why partnership is submitting cancellation)
Bysiness of partnership was concluded.
Bysiness of partnership was concluded. There are no assets or liabilities.
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:
View Proporties, Drc.
By: Dianelllon Sec/Treas
DIAME WILKS
ASSE