

A 99000001538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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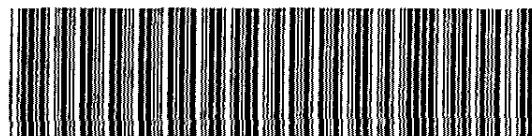
(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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Office Use Only

December 8, 2004

To Whom It May Concern:

Enclosed please find the Certificate for Cancellation to be applied to the Altis Income Hedge Partnership, LTD. The partnership is no longer in business and has no income or expenses. I am the only General Partner. If you have any questions please call me at my office 561-416-0220, or cell phone 954-294-6427. Thank you for your assistance.



Paul F. Lauro

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALTIS INCOME NEDGE PARTNERSHIP, LTD  
(Name of Limited Partnership)

**DOCUMENT NUMBER:** A 99000001538

The enclosed Certificate of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL LAURO  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

227 NE 17<sup>TH</sup> ST.  
(Address)

DELRAY BEACH, FL 33444  
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL LAURO at ( 954 ) 294-6427  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$52.50 Filing Fee    ☒ \$61.25 Filing Fee & Certificate of Status    ☐ \$105.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**CERTIFICATE OF CANCELLATION  
FOR**

ALTIS INCOME HEDGE PARTNERSHIP, 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 9/22/99, hereby submits this Certificate of Cancellation.

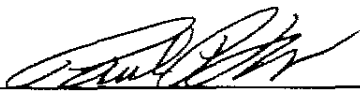
**FIRST:** Reason for cancellation: (State why partnership is submitting cancellation)

PARTNERSHIP IS NO LONGER IN BUSINESS.  
NO INCOME AND NO EXPENSES

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**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:

  
\_\_\_\_\_  
\_\_\_\_\_