## BOODOOOO

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
(Document Number)		

Special Instructions to Filing Officer:

L. SELLERS

MAY 12 2008

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

TED

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations		
SUBJECT: DIAB LA	Partnership or Limited Liability Limited Partnership)	
The enclosed Notice of Cancellation and fee(s) are submitted for filing.		
Please return all correspondence of	concerning this matter to:	
Jenny Over DIAB LA		
(Firm/Comp	Dr.	
$\circ \circ \cdot  = -$	75115	
For further information concernin		
Jenny Overbey (Name of Contact Person)	at (972) 228-7628  (Area Code and Daytime Telephone Number)	
Enclosed is a check for the follow		
\$52.50 Filing Fee \$61.25 Fili and Certificat Status		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

## NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

DIAB LP
(Name of limited partnership or limited liability limited partnership)
Texas
(Jurisdiction of formation)
03/27/2000
(Date authorized to transact business in Florida)
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.
This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.
Effective date, if other than the date of filing:  (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florid Department of State.)
Signature of a general partner:
Typed or printed name:  Tom STOCKTON
Filing Fee: \$52.50 Contified Conv (entionally \$52.50
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75