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PICK-UP	☐ WAIT ☐ MAIL
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Certified Copies	Certificates of Status
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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: P. DB. Capital Portry	es II L.P. imited Partnership)
florida registration number: <u>B</u>	CM00113
The enclosed Certificate of Cancellation and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter to	the following:
Peggy Jone (Nam	S ne of Person)
P. C.B. Montgomery 4	n/Company)
5550 LBJ Frwy	Ste. 380 Address)
Dallas TX 75240 (City/Sta	tte and Zip Code)
For further information concerning this matter, please call	L. 🗢
Teggy John S (Name of Person)	at (97) 455 4909. (Arrea Code & Daytime Telephone Vignber)
Enclosed is a check for the following amount: \$52.50 Filing Fee \$\text{Certificate of Status}\$	S105.00 Filing Fee & S113.75 Filing Fee, Certified Copy Certificate of Status & Certificate opy (additional copy is enclosed) 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 Tallabasses Florida 32314

CERTIFICATE OF CANCELLATION FOR

P. O'B. Capital Partners W. L.P.
Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this Certificate of Cancellation in order to cancel its registration with the Florida Department of State. By Mortography Department of Gignature of a General Partner (Signature of a General Partner) (Typed or Printed name of General Partner Signing Above)
STATE OF SULCO
COUNTY OF Dallas
On this day of,,,,
PEGGY L. JONES MY COMMISSION EXPIRES AUGUST 22, 2008 My Commission Expires: