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| (Requestor's Name) | | | |
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| (City/State/Zip/Phone #) | | | |
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| PICK-UP | ☐ WAIT | MAIL | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to | Filing Officer: | | |
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Office Use Only



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ASCENAGE SERVICE

B00-112e

COVER LETTER

| TO: Registration Division of 0 | | | | | |
|--------------------------------|--|---|---|------------|--|
| SUBJECT: | Poreign Limited Partnersh | ctors + Liqu ip or Limited Liability Limi | idators ited Partnership | <u>L.P</u> | <u>. </u> |
| The enclosed Notice | of Cancellation and f | ee(s) are submitted for | filing. | | |
| Please return all cor | respondence concernir | ng this matter to: | | | |
| David No | (Contact Person) CS Inc. (Firm/Company) | | | | |
| NC Vento | res Inc. | | | | |
| | (Firm/Company) | | | 三年 | n D ggai |
| PD Box 10 | 068 | | | | 27 77 77 |
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| Stafford. | TX 7746 (City, State and Zip Code) | 77-1068 | | SET I | FFB 27 IMII: 30 |
| | (City, State and Zip Code) | | | <u></u> | |
| | | | | (S.E. | ••• |
| For further information | tion concerning this m | atter, please call: | | TT 14 | 33 |
| David Non | rot | at (<u>281</u>) <u>2(</u> (Area Code and D | 65-532 | 8 x 3 | <u>ط ا (</u> |
| (Name of Con | tact Person) | (Area Code and D | aytime Telepho | ne Numbe | r) |
| Enclosed is a check | for the following amo | ount: | | | |
| \$52.50 Filing Fee | \$61.25 Filing Fee and Certificate of Status | \$105.00 Filing Fee and Certified Copy | \$113.75 F Certified Co Certificate o | py, and | |
| STREET ADDRE | SS: | MAILING | ADDRESS: | | |
| Registration Section | n | Registration Section | | | |
| Division of Corpora | ations | Division of Corporations | | | |
| Clifton Building | . ~ . | P. O. Box 6327 | | | |
| 2661 Executive Cer | | Tallahassee, | FL 32314 | | |
| Tallahassee, FL 32 | 201 | | | | |

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

| National Collectors + Liquidators, L.P. |
|--|
| (Name of limited partnership or limited liability limited partnership) |
| <u>Nelaware</u> (Jurisdiction of formation) |
| April 13, 2000 (Gled) May 18, 2000 (signed) (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: ipon fi |
| Signature of a general partner: |
| NC Ventures, Inc |
| Typed or printed name: |
| Tracy Weakley, SVP, CFO |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 |

2.21-04.