2/6/2017

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

DISS/TERM/CANCEL/REV OF LP/LLP THE STRIANESE FAMILY LIMITED PARTNERSHIP

Certificate of Status	U
Certified Copy	1
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

O SIMMONS
FEB 07 2017

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COVER LETTER

TO: Registration Division of C				
SUBJECT: The	Striumese Foreign Limited Partnersh	Family Limited Liability Lim	head Partwership ited Partnership)	
The enclosed Notice	of Cancellation and for	ee(s) are submitted for	filing.	
Please return all corr	espondence concernin	g this matter to:		
	Contact Person) Nese Camil (Firm/Company)		ership	
10 Seavi	EW Blup.			
Port Wash	rug for, N	110:50		
For further informati	on concerning this ma	ntier, please call:		
Bernanette	Staniese	_ai(_516_) 4	184-1220	
(Name of Conta	act Person)	(Area Code and D	aytime Telephone Number)	
Enclosed is a check for the following amount:				
S52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle	MAILING A Registration Division of C P. O. Box 63 Tallahassee,	Section Corporations 27	

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

The STRIANESE	. Family Limited Partnership	<u>o-</u>
(Name of limited parts	nership or limited liability limited partnership)	
New	Yamus	
	Jurisdiction of formation)	
1	Substitution, continuous,	
March	11, 2000	
(Date author	rized 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 pursu	ant-to
s. 620.1907. F.S.	parameter of the parame	
•		
This entity appoints the Florida De	partment of State as its agent for service of proce	ss for
rights of action arising out of the tra	ansaction of business in this state.	•
	man of the second second	
Effective date, if other than the date		
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the F	Horidu
Department of State.)		
Signature of a general partner:		
	a D 44 la	
Dunaid Voltuarese	by Bunadelle Stuanese	
UNDER P	bwer of Amorney	
Typed or printed name:	,	<u></u>
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Derword V STRIAN	<u>ese</u>	£ m =
Filing Fee:	\$52.50	
Certified Copy (optional):	\$52.50	FILE 17 FEB -5 AH
Certificate of Status (optional):	\$8.75	in January
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