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SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of C				
SUBJECT: Albert	Cohen Family L	imited Partne	rship	
(Name of F	oreign Limited Partnershi	p or Limited Liability	Limited Partnership)	
The enclosed Notice	of Cancellation and fe	ee(s) are submitted	for filing.	
Please return all corre	espondence concerning	g this matter to:		
Eileen O'Malley	/			
	(Contact Person)			
Thaler & Thaler	<u>r,</u> P.A.			
-	(Firm/Company)			
700 N. Olive Av	/enue, Suite 2			
	(Address)			
West Palm Bea	ach, FL 33401			
((City, State and Zip Code)			
For further information concerning this matter, please call:				
Eileen O'Malley	/	at (561	659-1183	
(Name of Conta	ict Person)		nd Daytime Telephone Number)	
Enclosed is a check f	for the following amou	ınt:		
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fe and Certified Copy	ce \$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRES	S:	MAILIN	IG ADDRESS:	
Registration Section		Registration Section		
Division of Corporat	ions	Division of Corporations P. O. Box 6327		
Clifton Building 2661 Executive Cent	er Circle	Tallahassee, FL 32314		
Tallahassee, FL 323			,	
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NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP

ALBERT COHEN FAMILY LIMITED PARTNERSHIP (Name of Limited Partnership)
DELAWARE (Jurisdiction of Formation)
(Date Authorized to Transact Business if Florida)
This foreign limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to §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: December 31, 2008
••
Albert Cohen Family Management, Inc., a Delaware Corporation, General Partner By: Shirley Cohen, its President