

B000000000292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

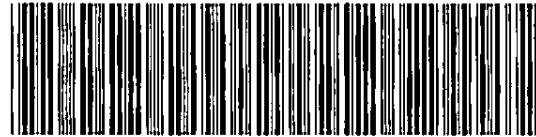
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 27, 2018

NORMANDIE MANLAPAS  
3800 VIA PESCADOR  
CAMARILLO, CA 93012

SUBJECT: FSI, LTD., A CALIFORNIA LIMITED PARTNERSHIP  
Ref. Number: B00000000292

We have received your document for FSI, LTD., A CALIFORNIA LIMITED PARTNERSHIP and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$17.50.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 718A00004057

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FSI LTD., A CALIFORNIA PARTNERSHIP  
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**NORMANDIE MANLAPAS**

(Contact Person)

**FSI LTD**

(Firm/Company)

**3800 VIA PESCADOR**

(Address)

**CAMARILLO CA 93012**

(City, State and Zip Code)

For further information concerning this matter, please call:

**NORMANDIE MANLAPAS** at ( **805** ) **465-8445**

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of 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**

**FSI LTD., A CALIFORNIA PARTNERSHIP**

(Name of foreign limited partnership or limited liability limited partnership)

**B00000000292**

(Florida Document Number of the Foreign LP or LLLP)

**CALIFORNIA**

(Jurisdiction of formation)

**09/20/2000**

(Date authorized to transact business in Florida)

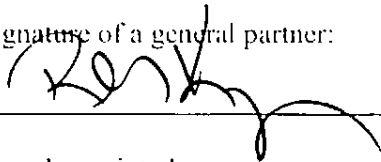
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

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: **12/31/2017**  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**NOTE:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



Typed or printed name:

**RICHARD KANNER**

Filing Fee:	<b>\$52.50</b>
Certified Copy (optional):	<b>\$52.50</b>
Certificate of Status (optional):	<b>\$8.75</b>