

BU0000000325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

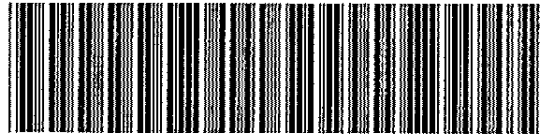
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

405A0000224

Office Use Only



400043657284

01/03/05--01001--003 **52.50

RECEIVED
04 DEC 30 PM 3:47
FILED
2004 DEC 30 AM 3:51
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

J. BRYAN JAN 1 2005



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 4, 2005

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: HP FALCON PARTNERS, L.P.
Ref. Number: B00000000325

We have received your document for HP FALCON PARTNERS, L.P. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$52.50 payment.

The WITHDRAWAL form can only be used by foreign corporations.

A foreign limited partnership must use a FOREIGN LIMITED PARTNERSHIP CANCELLATION.

Please complete and sign and submit the attached cancellation form.

Please return your document, along with 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) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 405A00000224

FILED
2004 DEC 30 PM 3:51
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Place
refile
+ backdate
to 12/30/04
DMS!
1/5/05

RECEIVED
05 JAN 10 PM 3:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CT CORPORATION

December 30, 2004

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
2004 DEC 30 PM 3:51
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Re: Order #: 6245138 SO
Customer Reference 1: none
Customer Reference 2: provided

Dear Department of State, Florida:

Please obtain the following:

HP Falcon Partners, L.P. (DE)
Cancellation
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850. 222. 1092
Fax 850 222 7615

A WoltersKluwer Company

**CERTIFICATE OF CANCELLATION
FOR**HP Falcon Partners, L.P.

(insert name currently on file with Florida Dept. of State)

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.

[Signature]
(Signature of a General Partner)Arthur J. Pergament
(Typed or Printed name of General Partner Signing Above)

STATE OF NEW YORK

COUNTY OF NASSAU

On this 7th day of JANUARY, 2005,
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____

Fern Shotten

Notary Public Signature

FERN SHOTTEN

Notary's Printed Name

Seal

My Commission Expires: _____

FERN SHOTTEN

Notary Public, State of New York

No. 01SH6049740

Qualified in Nassau County

Commission Expires October 23, 2008