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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NOM AEGIS PINELLAS PAF	RK, LTD.
	(Name of Limited Partnership)
FLORIDA REGISTRATION NUMBER:	B0000000357
The enclosed Certificate of Cancellation and	fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Т	HOMAS E. NEWTON
	(Name of Person)
NEWTON	OLDACRE MCDONALD, LLC
	(Firm/Company)
25	0 WASHINGTON STREET
	(Address)
PR	RATTVILLE, AL 36067
	(City/State and Zip Code)
For further information concerning this matter	er, please call:
SARAH L. JORDAN	at (334) 361-8500
(Name of Person	(Arrea Code & Daytime Telephone Number)
Enclosed is a check for the following amount	t:
■ \$52.50 Filing Fee ■ \$61.25 Filing Certificate o	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tellaharana, Florida 32309	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallaharras Florida 32314

CERTIFICATE OF CANCELLATION FOR

NOM AEGIS PINELLAS PA	ARK, LTD.	
(insert name o	currently on file with Florida Dept. of Sta	te)
Pursuant to the provisions of section 6 submits this Certificate of Cancellation State.	20.174, Florida Statutes, this forei in order to cancel its registration w (Signature of a Ge THOMAS E. NEWTON, PRES	rith the Florida Department of here of the Partner) SIDENT-CORP. GEN. INC.
STATE OF		
COUNTY OF		04 NOV -
On this 2ND day of personally appeared before me,	NOVEMBER	, 2004 - ,
who is personally k	nown to me	
whose identity I pro	oved on the basis of	
<u></u>	HOMAS E. NEWTON	
	SARAH L. JORDAN Notary's Prin	La Judian La Public Signature ted Name
Sea l	My Commission Expire	_{es} . 8-8-05