

CT CORPORATION

301000600096

CORPORATION(S) NAME

Network Equipment, L.P.

FILED
APR 18 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

RECEIVED
02 APR 18 PM 10:12
DIVISION OF CORPORATION

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

4/18/02

Order#: 5269801

BK

kf

Ref#: 000005292490--9
-04/18/02--01019--006
*****52.50 *****52.50

Amount: \$ _____

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


**CERTIFICATE OF CANCELLATION
FOR**

NETWORK EQUIPMENT, L.P.

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

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TALLAHASSEE, FLORIDA

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. TeleEquipment Management Company, The General Partner



(Signature of a General Partner)

David L. Siddall, Vice President

(Typed or Printed name of General Partner Signing Above)

STATE OF TEXAS

COUNTY OF HARRIS

On this 5th day of April, 2002, David L. Siddall
personally appeared before me,

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

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TALLAHASSEE, FLORIDA



Notary Public Signature

Pilar DeAnda

Notary's Printed Name

Seal

My Commission Expires: April 23, 2003

