B01000000167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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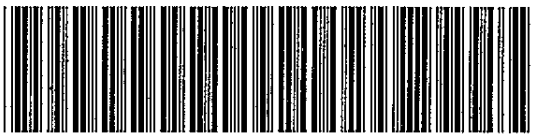

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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E- mail: smcouger69@hotmail.com

abcviaticals.com

August 26, 2004

Florida Dept. of State
Divisions of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

RE: Certificate of Cancellation for LaMonda Mgmt. Family.
Florida Registration # B01000000167

To Whom It May Concern:

I have enclosed the Transmittal Letter and the Certificate of Cancellation for LaMonda Management Family Limited Partnership. I have also enclosed Check # 1151 in the amount of $61.25.

Please contact me @ 321-235-5181 or by the contact info above if there is anything else needed.

Sincerely,

Sue Moore

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LaMonda Management Family Limited Partnership
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: B01000001167

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

Please return all correspondence concerning this matter to the following:

C. Keith LaMonda
(Name of Person)

LaMonda Management Family Limited Partnership
(Firm/Company)

1300 Grandview Blvd.
(Address)

Kissimmee FL 34744
(City/State and Zip Code)

FILED
2004 AUG 30 P 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sue Moore at (321) 235-5181
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $52.50 Filing Fee ☑ $61.25 Filing Fee & Certificate of Status ☐ $105.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CERTIFICATE OF CANCELLATION
FOR

La Monda Management Family Limited Partnership
(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 of a General Partner)

C. Keith LaMonda
(Typed or Printed name of General Partner Signing Above)

FILED
2004 AUG 30 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF Texas

COUNTY OF Harris

On this 26th day of August 2004 personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Donna M. Cummings
Notary Public Signature

Donna M. Cummings
Notary's Printed Name

Seal

My Commission Expires: 3-6-2007

DONNA M. CUMMINGS
MY COMMISSION EXPIRES
March 6, 2007