

BO10000003 29

(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:

mk

Office Use Only



700057577227

07/20/05--01003--016 **105.00

FILED
05 JUL 20 PM 12:40
TALLAHASSEE, FLORIDA
STATE

FILED
05 JUL 20 AM 10:27
DIVISION OF CORPORATION

Sinstate Research

Requester's Name

Address

City/State/Zip

Phone #

6056-5454

Office Use Only

05 JUL 20 PM 12:40
STATE
FLORIDA
TALLAHASSEE

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Select Capital Partners CT
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☒ Change of Registered Agent
- ☒ Dissolution/Withdrawal *Cancellation*
- ☒ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

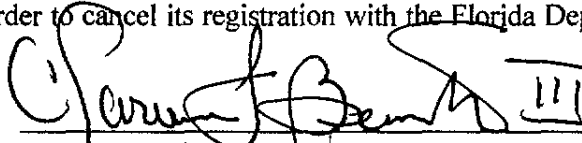
05 JUL 20 PM 12:40
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF CANCELLATION
FOR**

Select Capital Partners LP

(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)

Select Capital Management LLC, General Partner

(Typed or Printed name of General Partner Signing Above)

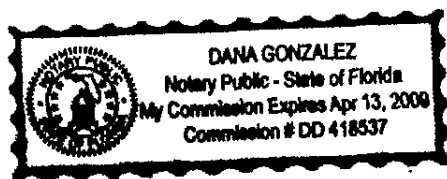
by Clarence F. Bennett III, Manager

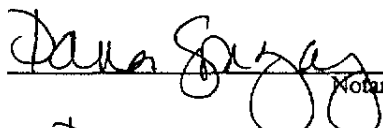
STATE OF Florida

COUNTY OF Hillsborough

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

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




Notary Public Signature
Dana Gonzalez
Notary's Printed Name

Seal

My Commission Expires: 4/13/09