## B01000000362

00789-00524-00971	form LP notAlie
(Requestor's Name)	
(Address)	600065560906
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	02/10/0601078003 *** <del>07,50</del> 52,50
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: FOR COMCOL	17(17)
	28 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

Office Use Only

## ZS Fund, LP 1133 Avenue of Americas New York, NY 11036

Department of State Division of Corporations Corporate Filings PO Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed is a certificate of withdrawal for **ZS SERVICE CHAMP**, **LP**. Also enclosed is a check in the amount of \$87.50. Please forward the "filed" copy of the submitted document along with the certified copy to me at the above address.

Please feel free to contact me with any questions. My phone number is (212)398-6200.

Sincerely,

Jehny Zhen



February 21, 2006

LENNY ZHEN ZS FUND, LP 1133 AVENUE OF AMERICAS NEW YORK, NY 11036

SUBJECT: ZS SERVICE CHAMP L.P.

Ref. Number: B01000000362

We have received your document for ZS SERVICE CHAMP L.P. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to cancel this Foreign Limited Partnership, the form submitted is for an Alien Business Organization.

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) 245-6967.

Letter Number: 806A00012322

Michelle Hodges Document Specialist

## **COVER LETTER**

TO: Registration Division of	Section Corporations		
SUBJECT:		ce Chami	P.I.P.
(Name of	Foreign Limited Partnersh	ip or Limited Liability Limi	ned Partnetship)
The enclosed Notice	e of Cancellation and f	fee(s) are submitted for	filing.
Please return all con	respondence concerni	ng this matter to:	
Jen	ny Zhen (Contact Person)		
ZS F	(Firm/Company)		
1133 A	re of the	Americas	
New Yor	(City, State and Zip Code)	0036	
For further informa	tion concerning this m	atter, please call:	
Eileen	Collins	_at ( <u>212</u> _)3	78-6200
(Name of Con	tact Person)	(Area Code and D	aytime Telephone Number)
Enclosed is a check	for the following amo	unt:	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRE	SS:	MAILING.	ADDRESS:
Registration Section		Registration	Section
Division of Corpora		Division of O	Corporations
Clifton Building		P. O. Box 63	27
2661 Executive Cer	nter Circle	Tallahassee,	FL 32314
Tallahassee FL 32	301		

## NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Name of limited partner	ership or limited liability limited partnership)	
Ser	risdiction of formation)	
This foreign limited partnership or li	zèd to transact business in Florida) imited liability limited partnership is no longer vishes to cancel its certificate of authority pursua	ant to
This entity appoints the Florida Deparights of action arising out of the trans	artment of State as its agent for service of procesus	ss for
Effective date, if other than the date ( Effective date cannot be prior to nor more to  Department of State.)	of filing: The date this document is filed by the F	lorida
Signature of a general partner:		
Typed or printed name:	TALL	06 M
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	N -3 €