

B020000000143

(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:

Office Use Only



000042490740

11/15/04--01056--018 \*\*61.25

FILED  
2004 NOV 15 PM 2:15  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN NOV 18 2004

**NANCY FALLON-HOULE, P.C.**

ATTORNEY AT LAW

5449 BENDING OAKS PLACE

DOWNERS GROVE, ILLINOIS 60515-4456

[nfallon@nfhlaw.com](mailto:nfallon@nfhlaw.com)

[www.nfhlaw.com](http://www.nfhlaw.com)

PHONE: 630-963-0439

FAX: 630-963-0489

November 12, 2004

**Via Federal Express 3-Day**

Registration Section

Florida Department of State

Division of Corporations

409 East Gaines Street

Tallahassee, Florida 32399

**Re: Performance Partners, L.P., (Delaware LP); Doc.# B02000000143**

Ladies and Gentlemen:

Enclosed for the purpose of withdrawing the above Foreign limited partnership from doing business in Florida, as of September 30, 2004, are the following items:

1. A Certificate of Cancellation of Limited Partnership
2. The Florida Transmittal Letter, and
3. A check in the amount of \$61.25 (\$52.50 for the filing fee, \$8.75 for the "Certificate of Status" fee.)

Please process the withdrawal at your convenience, but no later than December 31, 2004. After the filing has been completed, please send us a dated Certificate of Status, reflecting the withdrawal of the LP. We understand that the Florida registered agent, Michael P. Sapourn, will be automatically withdrawn when the LP is withdrawn.

If you need anything else from us in order to effect the withdrawal or the registered agent, or have any questions, please let us know by email or phone at the contact information above, leaving a detailed message. Kindly acknowledge receipt of this filing by stamping the enclosed receipt copy of this letter and returning it to me in the envelope provided.

Very truly yours,

  
Nancy Fallon-Houle

NFH/ss

Enclosures

cc: Michael P. Sapourn  
Rusty Fleming

FILLED  
2004 NOV 15 PM 2:16  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Performance Partners, Limited Partnership  
(Name of Limited Partnership)

**FLORIDA REGISTRATION NUMBER:** B02000000143

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

Please return all correspondence concerning this matter to the following:

Nancy Fallon-Houle  
(Name of Person)

Nancy Fallon-Houle, P.C.  
(Firm/Company)

5449 Bending Oaks Place  
(Address)

Downers Grove, IL 60515  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Fallon-Houle at ( 630 ) 963-0439  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input checked="" type="checkbox"/> \$61.25 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2004 NOV 15 PM 2:16  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

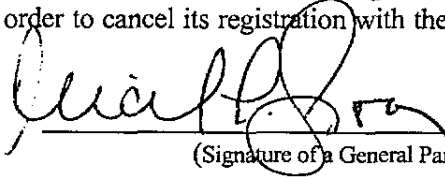
CERTIFICATE OF CANCELLATION  
FOR

FILED  
2004 NOV 15 PM 2:16  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Performance Partners, 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)

Sapourn Financial Servs., LLC, Michael Sapourn, MM

(Typed or Printed name of General Partner Signing Above)

STATE OF FL

COUNTY OF BREVARD

On this 9 day of November, 2004,  
personally appeared before me, MICHAEL P SAPOURN

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

  
Notary Public Signature

Notary's Printed Name

Barbara A Richardson

My Commission DD026275

Expires May 15, 2005



Seal

My Commission Expires: \_\_\_\_\_