

# B02000000147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

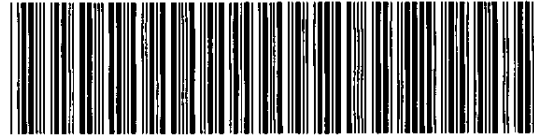
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/13/14--01001--003 \*\*\$2.50

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2014 AUG 12 PM 3:44  
TO BE FORWARDED  
TO THE FILING  
SUFFICIENCY OF FILING

2014 AUG 12 PM 3:44

FILED  
2014 AUG 12 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan AUG 13 2014

CT

August 12, 2014

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 9233832 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

AMPARTS, LP (TX)  
Cancellation  
Florida

File 1st

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

FILED

2014 AUG 12 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

AMPARTS, LP

(Name of limited partnership or limited liability limited partnership)

TEXAS

(Jurisdiction of formation)

5/3/02

(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

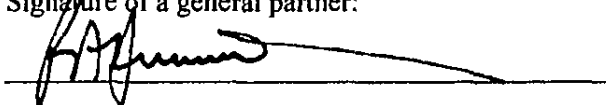
This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

AMPARTS MANAGEMENT, LLC, GENERAL PARTNER

Signature of a general partner:



Typed or printed name:

Rodolfo A. Duemichen

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75